



# Medicare Fraud Event Survey

The following questions ask about the presentation you recently attended. Please answer all of the questions and leave the comment card with the presenter when you finish. Thank you!

**1. How did you learn about today's presentation? (mark all that apply)**

- A Event location announcement (e.g., senior center, library)
- B Mailing
- C Friend or relative
- D Another agency
- E Website
- F Previous presentation
- G TV, radio, or newspaper
- H Flyer
- I Other (please specify \_\_\_\_\_)

For questions 2 – 6, mark how much you agree or disagree with the following statement(s):	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
2. It was easy to find the details of the presentation, such as date, time, location, and topic.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
3. This presentation provided me with useful information.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
4. Overall, I am satisfied with the presentation today.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
5. I would contact the presenter for help or information.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
6. I would recommend this presentation to others.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E

**7. Based on what you learned today, what will you do differently? (mark all that apply)**

- A I will hang up on anyone who calls and asks for my Medicare number or personal information.
- B I will review my Medicare Summary Notices (MSNs) or plan statements for possible errors or fraudulent charges.
- C I will report suspected Medicare fraud, errors, or abuse.
- D I will share what I learned with my family or friends.
- E Other action (please specify \_\_\_\_\_).
- F Not applicable/I will not do anything differently.

**8. What could we do to improve the information or service(s) provided to you today?**

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Presentation information to be completed by SMP official:		
Time: _____	Date: ____ / ____ / ____	Location: _____
Name of Presenter/SMP Official: _____		