

1. How would you rate the person's ability to give you a clear answer to your questions?
2. How would you rate the person's ability to understand your question or concern?
3. How would you rate the person's knowledge of the Medicare system?
4. Thinking now about your general experience with using the automated telephone system, how would you rate the clearness of the instructions?
5. How would rate the time it took you to get through to a customer service representative who helped you?
6. If you have used our website, Medicare.gov, please rate your most recent experience.
7. How would you rate your overall experience with Medicare Customer Service?

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1382 (Expires 9/30/2026)**. This is a voluntary information collection. Although CMS is not invoking statutory support for confidentiality, the quality of this type of information requires respondent candor and anonymity. Therefore, CMS pledges to keep the information collected private unless otherwise required by law. Respondents will be notified on the data collection form that their information will only be reported in aggregated form and no personally identifiable responses will be publicly released. The time required to complete this information collection is estimated to average **5 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.