

WCMBP Survey (Acentra – Workers' Compensation Medical Bill Processing Contractor)

Thank you for agreeing to take our survey! This survey should take approximately four minutes to complete. Please do not respond on the basis of your satisfaction with the outcome of a claim, but rather the customer service you received today. The Office of Management and Budget has approved this survey under control number 1225-0088 for use through 01/31/2024. A Federal agency cannot conduct a survey without such approval. According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless such collection displays a valid OMB control number. Responding to this survey is voluntary.

At the conclusion of a call with WCMBP contractor call center agent

Your feedback is important to us, would you like to complete the customer satisfaction call survey?

Please visit [CSAT Call Center \(office.com\)](https://csat.callcenter.office.com) complete the survey.

1. I am satisfied with the service I received today.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. This interaction increased my trust in this program.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. My need was addressed.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. The agent was professional and knowledgeable.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. This call took a reasonable amount of time to complete.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Please enter the service ticket number or the call center agent name provided to you during the call.

- *Please type here*

7. The representative was committed to solving my problem.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

8. During this call, I was treated compassionately.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Survey Closing

Please provide us with any feedback based on the ratings you selected above. May we reach out to follow up with you on any feedback you would like to provide? If so, please leave your name, contact number and/or an email address below.

- *Please type here*