



**LIBERTY Dental Plan**  
*“Simply better coverage”*

**MEMBER SATISFACTION SURVEY**

LIBERTY Dental Plan strives to provide quality dental benefits to you, our valued member. We would appreciate a few moments of your time to complete this Member Satisfaction Survey. Your responses help us measure our success in providing the services you deserve along with helping us determine where changes may be needed.

<u>Rate LIBERTY Dental Plan</u>	<u>Extremely Satisfied</u>	<u>Satisfied</u>	<u>Somewhat Satisfied</u>	<u>Not Satisfied</u>
Customer Service	I	II	III	IV
Response Time to Requests	I	II	III	IV
Specialty Referrals	I	II	III	IV
Website	I	II	III	IV

<u>Rate Your Dental Provider</u>	<u>Extremely Satisfied</u>	<u>Satisfied</u>	<u>Somewhat Satisfied</u>	<u>Not Satisfied</u>
Dentist Name _____				
Customer Service	I	II	III	IV
Appointment Availability	I	II	III	IV
Cleanliness of Office	I	II	III	IV
Dental Treatment	I	II	III	IV
Overall Experience	I	II	III	IV

We would like to hear from you. Do you have additional comments?

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**Optional:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_