



LIBERTY Dental Plan
"Simply better coverage"

PROVIDER SATISFACTION SURVEY

LIBERTY Dental Plan strives to provide quality support to you, our valued provider. We would appreciate a few moments of your time to complete this Provider 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 Administration</u>	<u>Satisfied</u>	<u>Not Satisfied</u>
Referral Process	<input type="checkbox"/>	<input type="checkbox"/>
Encounter Reporting Process	<input type="checkbox"/>	<input type="checkbox"/>
Payment of Claims	<input type="checkbox"/>	<input type="checkbox"/>

<u>Rate Support Team</u>	<u>Satisfied</u>	<u>Not Satisfied</u>
Response Time to Requests/Issues	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility to Provider Relations	<input type="checkbox"/>	<input type="checkbox"/>
Communications (Effectiveness)	<input type="checkbox"/>	<input type="checkbox"/>
Overall Experience	<input type="checkbox"/>	<input type="checkbox"/>

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

Optional:

Office/Dentist Name: _____ **Telephone Number:** _____

E-mail: _____