

Please check **one** box per question.

1. Our records indicate that your health plan is Jai Medical Systems MCO. Is this correct?

☐ Yes ☐ No

2. How long has Jai Medical Systems been your health plan?

☐ Less than 6 months ☐ 6 months – 1 year
☐ 1 – 2 years ☐ 3+ years

Primary Care – Your Personal Doctor or Nurse

3. Are you satisfied with the selection of Primary Care Providers (also known as PCPs) that your health plan has to offer?

☐ Yes
☐ No

4. Does your Primary Care Provider require an appointment to be seen?

☐ Yes
☐ No

a. If no, is the ability to walk in without an appointment an important benefit to you?

☐ Yes ☐ Not applicable
☐ No

5. Please check one box for each of the following:

a. Willingness of your personal doctor to explain medical problems & treatment:

☐ Excellent
☐ Good
☐ Fair
☐ Poor

b. Your personal doctor's explanation of prescription medications:

☐ Excellent
☐ Good
☐ Fair
☐ Poor

c. Amount of time your personal doctor spent with you during your visit:

☐ Excellent
☐ Good
☐ Fair
☐ Poor

d. Your personal doctor's attention given to what you had to say:

☐ Excellent
☐ Good
☐ Fair
☐ Poor

e. Customer service skills of the medical staff at your personal doctor's office:

☐ Excellent
☐ Good
☐ Fair
☐ Poor

5. (continued) Please check one box for each of the following:

f. Knowledge of the medical staff and ability to assist with your questions:

☐ Excellent
☐ Good
☐ Fair
☐ Poor

g. After arriving at your personal doctor's office for care, how would you rate the amount of time you waited before seeing your personal doctor for a scheduled appointment.

☐ Excellent
☐ Good
☐ Fair
☐ Poor

h. Rate the amount of time you waited before seeing your personal doctor without an appointment.


☐ Excellent
☐ Good
☐ Fair
☐ Poor

i. Please rate the care, tests, and treatment you received from your Primary Care Provider (PCP)?

☐ Excellent
☐ Good
☐ Fair
☐ Poor

Health Care from Specialists

6. If you have ever needed to get health care from a specialist, such as an allergy doctor, heart doctor, or skin doctor, were you satisfied with the selection of specialists available?

☐ Yes ☐ I did not see a specialist
☐ No  **(Please skip to question 8 on the back)**

7. How would you rate the following?

a. The referral process to see a specialist when recommended by your Primary Care Provider (PCP):

☐ Excellent
☐ Good
☐ Fair
☐ Poor

b. What kind of specialist did you see?

How would you rate?

c. The care, tests, and treatment you and your specialist discussed:

☐ Excellent ☐ N/A
☐ Good
☐ Fair
☐ Poor

7. (continued) How would you rate?

d. Your ability to get an appointment with a specialist

- ☐ Excellent ☐ N/A
☐ Good
☐ Fair
☐ Poor

Prescription Benefits

8. Are you satisfied with your prescription benefits with Jai Medical Systems?

- ☐ Yes
☐ No

9. Are you satisfied with the prescription medications covered on the Jai Medical Systems drug list (also called a formulary)?

- ☐ Yes
☐ No

10. Are you satisfied with Jai Medical Systems' Customer Service Department?

- ☐ Yes
☐ No

Customer Service

11. When calling the Customer Service Department, was your call answered in a timely manner?

- ☐ Yes ☐ Not Applicable
☐ No

12. When calling the Customer Service Department, were you satisfied with the response to your questions and/or concerns?

- ☐ Yes ☐ Not Applicable
☐ No

Member Information

13. Have you ever received letters and/or information from Jai Medical Systems in the mail?

- ☐ Yes ☐ Not Applicable
☐ No

If yes, do you feel the letters and/or information were helpful?

- ☐ Yes
☐ No

14. Are you aware of Jai Medical Systems' Health Education programs?

- ☐ Yes
☐ No

15a. Have you attended any of the Health Education programs?

- ☐ Yes → *if Yes, go to question 15b*
☐ No → *if No, go to question 16*

15b. If yes, would you recommend the Health Education programs to a friend or family member?

- ☐ Yes
☐ No

Case Management

16. Have you ever used Jai Medical Systems' Case Management services, such as working with a nurse to help you with your medical needs?

☐ Yes → *if Yes, go to questions 16a and 16b*

☐ No → *if No, go to question 17*

16a. How would you rate the Case Management services you received?

- ☐ Excellent ☐ N/A
☐ Good
☐ Fair
☐ Poor



16b. How would you rate your Case Management Nurse?

- ☐ Excellent ☐ N/A
☐ Good
☐ Fair
☐ Poor

Overall Experience

17. What is your OVERALL rating* of your Jai Medical Systems insurance?

*Only ratings of 9 or 10 are considered a good review of our services.

	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Worst possible care						Best possible care					

18. Would you recommend Jai Medical Systems insurance to a friend and/or family member?

- ☐ Yes ☐ No

Thank You

Thank you so much for choosing Jai Medical Systems as your health plan! Please return your completed survey in the provided postage paid envelope.

Is there anything else you would like us to know?

If you would like to be contacted regarding your responses, please leave your name and phone number below.

Name:

Phone: