

Cameron and Associates, Inc.
Employee Assistance Programs and Managed Behavioral healthcare

Provider/Practitioner Satisfaction Survey

In an effort to provide quality service to our customers, it is important for us to receive feedback from our affiliates about their satisfaction with their relationship with Cameron and Associates, Inc. Please take time to complete the following survey and return it to us. *Please circle the appropriate rating*

Excellent (5)	Very Good (4)	Good (3)	Fair (2)	Poor (1)
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How would you rate our responsiveness to questions or concerns you may have as a practitioner?

5	4	3	2	1
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How would you rate our timeliness in responding to authorizations and other case related paperwork?

5	4	3	2	1
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How would you rate the timeliness of reimbursement for services rendered?

5	4	3	2	1
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How would you rate our ability to effectively communicate pertinent information about matters related to being a CAI affiliate?

5	4	3	2	1
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How would you rate your overall satisfaction with your professional relationship with Cameron and Associates, Inc.?

5	4	3	2	1
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Do you have any suggestions that would help the Provider Relations Department to better serve you as an affiliate?

Comments: _____

Please return by mail to
Provider Relations Department
6100 Lake Forrest Drive, Ste., 550, Atlanta, Georgia 30328
Fax form to: 678-669-2709