



**PENN Behavioral Health  
Benefit Administration Services  
CLIENT SATISFACTION SURVEY**

<b>Company Name:</b>		<b>Date:</b>
<b>Location:</b>		
<b>Client Name (Optional):</b>	<b>Department Name (Optional):</b>	

PENN Behavioral Health is committed to improving the quality of services we deliver to our individual clients. Please assist us in our efforts by answering some questions about our benefit administration services. Your responses will help us to identify and meet your expectations. Thank you for your cooperation. Please check the box next to your response. **Upon completion of the survey, please submit via fax at 215-746-7454, or by mail to PENN Behavioral Health Corporate Services, 3535 Market Street 4<sup>th</sup> Floor, Philadelphia, PA 19104.**

**How would you rate the quality of the following?**

	<b>Excellent</b>	<b>Very Good</b>	<b>Fair</b>	<b>Good</b>	<b>N/A</b>
1. Timeliness of response to call by the Benefits Access Clinician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Establishment of caring concerned relationship by the Benefits Access Clinician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Professionalism of the Benefits Access Clinician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Clear explanation of process and procedure by Benefits Access Clinician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Timeliness and convenience of appointment with face to face clinician/facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Professional appearance of clinician's/facility office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The clinician's understanding of my problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The clinician's suggestions for dealing with my problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How much would you agree or disagree with the following?**

	<b>Excellent</b>	<b>Very Good</b>	<b>Fair</b>	<b>Good</b>	<b>N/A</b>
1. The overall quality of assistance received from PBH met my expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. It was worthwhile for me to use the PBH services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. As a result of receiving counseling, I feel I can be more productive at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If I didn't get help with my problem, I would have lost time at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I would contact PBH in the future if I had a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COMMENTS**

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*We would like to thank you for your time and help in improving the services provided by PENN Behavioral Health Benefit Administration Program.*