

MONUMENTAL LIFE INSURANCE COMPANY

Student Health Program Satisfaction Survey

Thank you for taking a moment to fill out this short survey. If you have received medical care or treatment through a First Health PPO Network provider within the past 6 months, please complete this survey by checking one response for each of the following statements. All survey submissions will remain anonymous.

Date completed: _____

Name of college or university: _____

	Very Satisfied	Satisfied	Somewhat Satisfied	Dissatisfied	Very Dissatisfied
1. Are you satisfied with the selection of First Health network providers available under your student health plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. If you have received medical treatment from a First Health network provider within the past 6 months, how satisfied are you with the quality of care provided by the participating hospital or doctor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How satisfied are you with the ability to obtain and understand information regarding your student health care plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How satisfied are you with the information and service received, in the past 6 months, from the claims service administrator?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Within 60 hours	Within 65 hours	Within 70 hours	Within 75 hours	Used SHC*
5. In the past 6 months, did you get an appointment for regular or routine health care for symptomatic conditions (sore throat, etc.) with a First Health network provider within the following time frames?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Within 20 hours	Within 25 hours	Within 30 hours	Within 40 hours	Used SHC*
6. In the past 6 months, did you get an appointment with a First Health network provider for urgent care visits (illness or injury) within the following time frames?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Within 30 min	Within 45 min	Within 60 min	Within 75 min	Not Applicable
7. In the past 6 months, did you have access to after-hours care, (answering service, beeper with call back) within the following time frames?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Always	Sometimes	Usually	Never	Not Applicable
8. Do you have readily available to you practitioners who can address your specific cultural, ethnic, racial and linguistic needs? If needed, please add specific comments below.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

turn over to the other side



MONUMENTAL LIFE INSURANCE COMPANY
Student Health Program Satisfaction Survey

Behavioral and Mental Health Care
 Complete if applicable

	Very Satisfied	Satisfied	Somewhat Satisfied	Dissatisfied	Very Dissatisfied
1. Are you satisfied with the selection of First Health network Behavioral or Mental Health providers available under your student health plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. If you have received behavioral or mental health treatment from a First Health network provider within the past 6 months, how satisfied are you with the quality of care provided by the participating hospital or doctor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Always	Sometimes	Usually	Never	Not Applicable
3. In the past 6 months, were you able to get an appointment for a routine office visit, with a Behavioral or Mental Health First Health network provider, within 10 business days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In the past 6 months, did you have access to a Behavioral or Mental Health First Health network provider for a non-life-threatening emergency within 6 hours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. In the past 6 months, have you received an appointment, as requested, with a Behavioral or Mental Health First Health network provider, for urgent care within 48 hours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If needed, please use space below for additional comments.

* SHC – Student Health Center

Please return this survey in the enclosed self-addressed envelope within 15 days of receipt.

Mailing date _____

revised 5/13/09