



## PROVIDER SURVEY 2006/2007

PREFERRED Therapy Providers, Inc. strives to maintain excellent customer service to the members of our network. Your response to the following questions is important to us. Please complete our Provider Survey and fax responses back to Wendy Woodward @ 623-344-6012.

1. How frequently do you call PREFERRED for assistance?

- A. Weekly
- B. Monthly
- C. Occasionally (3-4 times per year)

2. In your opinion, have services improved over the past year?

- A. Yes
- B. About the same
- C. No. Please explain:

3. Please rate the monthly newsletter, "PNN"

- 5 Stars = Excellent
- 4 Stars = Very Good
- 3 Stars = Good
- 2 Stars = Fair
- 1 Star = What Newsletter?

4. When you receive a fax or email communication 'blast' from PREFERRED, is the information:

Clearly Stated :	Yes	No
Informative :	Yes	No
Helpful :	Yes	No

5. PREFERRED's vendor discount agreements are:

- A. Very important to my practice
- B. Somewhat important to my practice
- C. Not at all important to my practice

6. How would you like to receive major communication (newsletters, contract updates/ memos, fee schedules) with PREFERRED?

- A. E-Mail
- B. Fax
- C. Other: \_\_\_\_\_

7. In your opinion, what is the biggest challenge facing private practice?

- A. physician - owned practices
- B. Workers' compensation discounts and direction of care
- C. Low reimbursement from health plans
- D. The ability to recruit and retain knowledgeable employees
- E. Escalating costs of running a practice
- F. Other: \_\_\_\_\_

8. My plan to adjust to the changing healthcare changes include:

- A. Addition of home health services
- B. Cash-based niche programs
- C. Incorporating pediatric, speech, or other services
- D. Increasing my community/consumer marketing strategy in preparation for Consumer Driven Healthcare
- E. More focus on W/C population
- F. Other: \_\_\_\_\_

9. If you currently participate in an Outcomes Program, please identify:

10. PREFERRED could help me most in the coming months by: