



PENN Behavioral Health
Employee Assistance Program
PROVIDER SATISFACTION SURVEY

Provider Name (Optional): Date:
Group Name (Optional):

PENN Behavioral Health is committed to improving the quality of services we deliver to our providers. Please assist us in our efforts by answering some questions about our network management. 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 4th Floor, Philadelphia, PA 19104.

How much would you agree or disagree with the following?

Table with 4 columns: Strongly Agree, Agree, Disagree, Strongly Disagree. Rows include: 1. The referral process is clear and expedient, 2. The paperwork/electronic information is appropriate and user-friendly, 3. Claims are processed in a timely manner, 4. PENN Behavioral Health resolves your issues and concerns in a timely manner.

Do you have any recommendations that may improve the services we provide?

Four horizontal lines for text input.

Do you have any recommendations about what PENN Behavioral Health does well and would like to see continued?

Four horizontal lines for text input.

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