



Member Feedback Evaluation Form (optional)

What: Member Orientation to Services

Service Provider Name: _____

Where: _____

How was your Orientation?

1. The orientation helped you to understand what services are available to you and how you can access them.

___ Yes: ___ No:

Comments: _____

2. The orientation informed you about your enrollee rights.

___ Yes: ___ No:

Comments: _____

3. Were you informed of your right that updated informational materials upon enrollment will be provided on an annual basis?

___ Yes ___ No

Comments _____

4. Were you told how to obtain after-hour emergency services and that prior authorization is not required?

___ Yes ___ No:

Comments _____

Date of Orientation: _____

Thank you for completing this evaluation. This will help us in providing you with better service. Your information will remain confidential.

Please return this completed form to any staff member at The Guidance Center to be forwarded to Tiffany Hillen and Jessica Collins in the Quality Improvement/Customer Service Department