

EMPLOYEE QUALITY IMPROVEMENT SURVEY

ABX Air, Inc. QHP

Dear Employee:

We value your opinion on the quality of service provided to you by the ABX AIR Inc. QHP. We are committed to providing quality services in a timely matter. In order to help us improve our services, please take a few moments to complete the following questions and return via comat.

	RATING SCALE				
	STRONGLY AGREE	AGREE	NO OPINION	DISAGREE	STRONGLY DISAGREE
1. I was contacted in a timely manner by _____.	1	2	3	4	5
2. I am satisfied with the medical treatment obtained.	1	2	3	4	5
3. My WC Coordinator was helpful in addressing my needs/concerns.	1	2	3	4	5
4. I was satisfied with my doctor.	1	2	3	4	5

Additional Comments:

Please Sign: _____ (Employee's Name) _____ (Date)

Address : _____ (Phone #)

Department: _____ (Date of Injury)

Again, thank-you for completing this questionnaire, your comments are important!

Please fold/staple and return via comat to 2061-0
 **OR MAIL TO:
 ABX Air, Inc. Qualified Health Plan
 145 Hunter Drive
 Wilmington, OH 45177