



Vantage Occupational Health Plan

Employer Satisfaction Survey

(5 being the most satisfied)

1) Please rate your level of satisfaction with VOHP's ability to respond to your needs in an effective manner.

1 2 3 4 5

2) Please rate access and availability of VOHP staff.

1 2 3 4 5

3) Please rate VOHP's ability to follow through on promised actions.

1 2 3 4 5

4) Please rate the individuals you interact with at VOHP on their knowledge in resolving your claim questions and issues.

1 2 3 4 5

5) Please rate the individuals you interact with at VOHP on their professionalism in resolving your claim questions and issues.

1 2 3 4 5

6) Please rate the quality of the service the VOHP staff provided for workers' comp medical managed care services which promote objective early return to work outcomes.

1 2 3 4 5

7) Please tell us how we can improve the level of service that we provide you.

8) What is the name of your organization? *(Optional)* _____

Please fax completed form to: 614-717-4710