

AFFILIATE FEEDBACK FORM

We would appreciate your feedback regarding your relationship with FEI and service provision to FEI clients. Your feedback and suggestions will help us to find ways to continuously improve how we do business.

AffiliateName: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone#: _____ **FAX #:** _____

PersonCompletingForm: _____ **Title:** _____

1. How are we doing in supporting your efforts to provide EAP services to FEI clients?
Please respond in the following areas:

Clarity of FEI's Affiliate Handbook:

- Clear Needs Clarification (details)

Contract Summaries:

- Adequate Information Need additional information (details)

Confidential Release of Information Form:

- Meets our needs Does not meet our needs (details)

Claim Forms:

- Directions are clear Needs clarification (details)

Reimbursement:

- Timely Delayed (details)

Job Performance Referrals:

- Process is clear Process needs clarification (details)

Other:

2. On average, how many FEI clients does your organization serve each year?

- Less than 10 51– 100
 10 – 25 More than 100
 26 – 50

3. What trends, if any, does your organization see in providing EAP services to these clients?

Problem Areas:

Usage by family members/whole families:

of sessions:

Treatment beyond EAP:

Other:

4. How can we strengthen our relationship with your organization?
5. Does your organization act as an Affiliate vendor for other EAP/MBH organizations?
 Yes No
6. If you answered yes to question number 5, how would you rate your experience with FEI as compared to other organizations?
7. How would you describe FEI's strengths?
8. In what areas would you like to see changes/improvements?
9. How does FEI payment for services compare to your fees from other EAP/MCO organizations?
 Better Same Lower

What percentage, better or lower, is FEI?

_____ % better _____ % lower

10. Please provide any additional comments/suggestions you may have.

Thank you for giving us your feedback. Please return the completed form to:

FEI Behavioral Health
Provider Relations
11700 West Lake Park Drive
Milwaukee, WI 53224

1-800-782-1948, option 4
FAX 414-359-1973