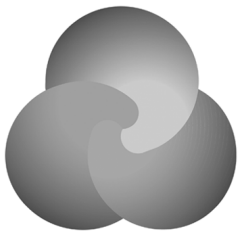


# Please take a moment to tell us how we're doing



D e n t a l  
H e a l t h  
S e r v i c e s

Dear valued Dental Health Services plan member:

Your satisfaction with your dental plan is extremely important and is taken seriously. We are here to ensure that your needs are met. Dental Health Services is always looking for ways to improve your dental plan, and we are very interested in receiving feedback from you about our services.

Please take a few moments to complete this survey and return it to us.

Your responses will remain confidential.

If you have visited your dentist in the past 12 months, please check the box that best describes your level of satisfaction with your selected dentist, their staff, and their office for each of the following areas. If you have not visited your dentist within 12 months, please go directly to question 7.

	Very Satisfied	Satisfied	Acceptable	Dissatisfied*	Very Dissatisfied*
1. Time spent waiting in the dental office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Courtesy and helpfulness of the office staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Dentist's willingness and ability to answer your questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Explanation of treatment plan, including non-covered and optional treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Overall feeling about your dentist and the service you received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Effectiveness of treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* If you checked *generally dissatisfied* or *very dissatisfied*, please provide us with a brief explanation so that we may resolve any problems as soon as possible. Feel free to expand your comments on the reverse side of the survey.

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**(Continued on reverse side)**

If you have contacted your Dental Health Services Member Service Specialist within the past 12 months, please check the box that best describes your level of satisfaction with the service you received from them in each of the following areas. If you have not worked with a Member Service Specialist within 12 months, please skip the these three questions.

	<b>Very Satisfied</b>	<b>Satisfied</b>	<b>Acceptable</b>	<b>Dissatisfied*</b>	<b>Very Dissatisfied*</b>
7. Time spent waiting to speak to a Member Service Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Their courtesy and helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Their ability to answer your questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* If you checked *generally dissatisfied* or *very dissatisfied*, please provide us with a brief explanation so that we may resolve any problems as soon as possible.

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If you have any additional comments or suggestions about your experience with Dental Health Services, please note them in the remaining space below. You may also contact your Member Service Specialist at 800.63.SMILE or through [www.dentalhealthservices.com](http://www.dentalhealthservices.com). Thank you again for your continued membership, and for allowing us to help you improve and maintain your oral health!

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Email Address: \_\_\_\_\_

Name (optional) \_\_\_\_\_ Phone number (optional) \_\_\_\_\_

Dentist name or number \_\_\_\_\_

**800.63.SMILE • 800.637.6453 • [www.dentalhealthservices.com](http://www.dentalhealthservices.com)**