



## Customer Satisfaction Survey

Do you utilize IMX Medical Management Services?

- Yes
- No

If so, how often?

- 1-3 Referrals per Month
- 3-10 Referrals per Month
- 10-30 Referrals per Month
- More than 30 Referrals per Month

What type of company do you work for?

- Law Firm
- Insurance Broker
- Managed Care Company
- Employer
- Insurance Company
- TPA
- Other

What is your Line of Business?

- Auto Liability
- FMLA
- Long Term Disability
- Workers' Compensation
- Other

What is your position in your company?

- Attorney
- Case Manager
- Regional or National Managed Care Manager
- Claims Adjuster
- Claims Supervisor
- Claims Manager
- Human Resources Professional
- Other

What services have you utilized at IMX?

- Independent Medical Evaluations
- Functional Capacity Evaluations
- Medical Record Reviews
- Ergonomic Assessments
- Medical Expert Opinions

- q Peer Reviews

Overall, how satisfied are you with the services that you have received from IMX?

- q Very Satisfied
- q Somewhat Satisfied
- q Neutral
- q Somewhat Dissatisfied
- q Very Dissatisfied

If you are satisfied, what areas are you **most** satisfied with, in order of importance?

- q Locations of offices
- q Access to IMX Services
- q Price
- q Quality of Reports
- q Timeliness of Reports
- q Medical Records
- q Scheduling of Appointments
- q Timeliness of Scheduling
- q Selections of Providers
- q Sales & Marketing Team
- q All services

If you are not satisfied, what areas are you **not** satisfied with, in order of importance?

- q Locations of offices
- q Access to IMX Services
- q Price
- q Quality of Reports
- q Timeliness of Reports
- q Medical Records
- q Scheduling of Appointments
- q Timeliness of Scheduling
- q Selections of Providers
- q Sales & Marketing Team
- q All services

When utilizing our services, which service is most important to you in order of importance?

- q Price
- q Quality of Reports
- q Timelines of Reports
- q Scheduling Appointments
- q Selections of Providers
- q Locations of Offices
- q Access to Services
- q Sales & Marketing Team
- q Medical Records

q Timeliness of Scheduling

How likely would you be to recommend IMX to your colleagues or customers?

- q Extremely Likely
- q Neutral
- q Extremely Unlikely

Any other input that was not mentioned above?

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\* Please fax the completed survey to: **(610) 667-4764**