



Your Name: \_\_\_\_\_  
 Last 4 digits: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Date You Called: \_\_\_\_\_  
 Name of Representative \_\_\_\_\_  
 Who Answered Your Call: \_\_\_\_\_

PO Box 25209  
 Santa Ana, CA 92799-5209  
 Phone: (888) 859-5841  
 Fax: (714) 619-4662  
 www.MESVision.com

We value you as a member of the Medical Eye Services, Inc. (MESVision) vision plan, and we want your experience to be pleasant when receiving language assistance services. We kindly request a few minutes of your time to answer the following questions. A pre-addressed envelope is enclosed for your convenience. Thank you.

To help us serve you better in providing Language Assistance Services, we have provided the following questions listed below. Your responses will help us to improve our Language Assistance Program.

- 1) Did you speak to a Spanish-speaking **MESVision** Customer Service Representative?  
 Yes       No  
 If Yes, go to question #3
- 2) Did you speak to an interpreter with the **MESVision** Call Center Representative via the 3<sup>rd</sup> party conference call?  
 Yes       No
- a) Was an interpreter available right away when you called?  
 Yes       No
- b) How would you rate your ability to access an interpreter?  
 Excellent     Good       Fair       Poor

	Excellent	Good	Fair	Poor
3) How would you rate the <b>MESVision</b> Customer Service representative's/interpreter's professionalism and attitude?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) When talking to an <b>MESVision</b> Customer Service Representative/interpreter, how well did he/she understand you in your preferred language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) How would you rate the <b>MESVision</b> Customer Service Representative's/interpreter's ability to answer your questions in your preferred language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Did you understand the information and instruction provided by the <b>MESVision</b> Customer Service Representative / interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No				
6) Overall, how would you rate the services offered to you by our Language Assistance Program (interpretation services)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Did you request vision plan documents in your Language? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, please indicate below:				
<input type="checkbox"/> Benefit Summary Brochure				
<input type="checkbox"/> HIPAA Authorization Form				
<input type="checkbox"/> HIPAA Notice of Privacy Practices				
<input type="checkbox"/> Other _____				
<input type="checkbox"/> Independent Medical Review (IMR) Form				
<input type="checkbox"/> Patient Grievance Form				
<input type="checkbox"/> Patient Grievance Procedures				
8) When reading these documents in your language, please rate your reading ease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanations of ratings above and suggestions to improve the Language Assistance Program: feel free to use back of page for additional comments:

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