



PO Box 25209
 Santa Ana, CA 92799-5209
 Phone: (714) 619-4660 / (800) 877-6372
 Fax: (714) 619-4662
 www.MESVision.com

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

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 3rd 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

3) How would you rate the **MESVision**® Customer Service representative's / interpreter's professionalism and attitude?

Excellent Good Fair Poor

4) When talking to an **MESVision**® Customer Service Representative / interpreter, how well did he/she understand you in your preferred language?

5) How would you rate the **MESVision**® Customer Service Representative's / interpreter's ability to answer your questions in your preferred language?

A) Did you understand the information and instruction provided by the **MESVision**® Customer Service Representative / interpreter?

YES NO

6) Overall, how would you rate the services offered to you by our Language Assistance Program (interpretation services)?

7) Did you request vision plan documents in your Language?

YES NO

If YES, please indicate below:

- Benefit Summary Brochure
- HIPAA Authorization Form
- HIPAA Notice of Privacy Practices
- Other _____

- Independent Medical Review (IMR) Form
- Patient Grievance Form
- Patient Grievance Procedures

8) When reading these documents in your language, please rate your reading ease.

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

