

# Vision Plan Evaluation

Please help us to evaluate our Optical Plan by completing the following questionnaire and returning it through the school courier or the U.S. Mail to the NTA Benefit Trust Fund. Thank you for your cooperation.

Patient Name: \_\_\_\_\_

Member Name: \_\_\_\_\_

Participating Provider: \_\_\_\_\_

	circle one										
	Excellent	----	Average	-----	Poor						
1. Convenience of provider location:	1		2		3		4		5		NA
2. Services provided in a professional manner:	1		2		3		4		5		NA
3. Scheduled appointment was promptly held:	1		2		3		4		5		NA
4. I would categorize the eye examination as:	1		2		3		4		5		NA
5. My optical questions were answered:	1		2		3		4		5		NA
6. The selection of plan frames was:	1		2		3		4		5		NA
7. Glasses were procured in a timely fashion:	1		2		3		4		5		NA
8. I would rate this provider:	1		2		3		4		5		NA
9. I would rate this optical plan:	1		2		3		4		5		NA
10. This was my first experience with an optical plan:							_____	yes		_____	no
11. The plan fully covered the expenses:							_____	yes		_____	no
12. Did you purchase any options?							_____	yes		_____	no
13. Were the options explained to you?							_____	yes		_____	no
14. Were the charges as stated on the voucher?							_____	yes		_____	no
15. I would use this optician again:							_____	yes		_____	no

Suggestions: \_\_\_\_\_

Please return this form to the NTA Benefit Trust Fund