



## Customer Feedback Form

**TPA Name:**

**Hospital Name:**

**Dear Policyholder,**

We value your feedback on the services provided. Your inputs help us improve and serve you better. Please rate each aspect below on a scale of **1 to 5**, where:

**1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent**

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1. TPA Call center responsiveness and support in addressing your queries and concerns.  
**Rating:** \_\_\_\_\_
2. Timely and hassle-free cashless request approval by TPA  
**Rating:** \_\_\_\_\_
3. Updates (SMS/Email) by TPA, regarding claim status.  
**Rating:** \_\_\_\_\_
4. Timely submission of documents for approval by the Hospital to the TPA.  
**Rating:** \_\_\_\_\_
5. Hospitals responsiveness in getting approvals from the TPA, including prompt query resolution.  
**Rating:** \_\_\_\_\_
6. Timely processing of hospital bills by TPA at the time of discharge from hospital.  
**Rating:** \_\_\_\_\_
7. Hospital services regarding billing, admission and discharge.  
**Rating:** \_\_\_\_\_
8. Standard of treatment and care provided by the hospital.  
**Rating:** \_\_\_\_\_
9. TPA's assistance in resolving any claim related issue(s) with the hospital.  
**Rating:** \_\_\_\_\_
10. TPA's clarification on deductions or denial of claim.  
**Rating:** \_\_\_\_\_

**Suggestions for Improvement:**

**Policy Number:** \_\_\_\_\_

**Claimant Name:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_