

# MercyCare Customer Service Feedback Survey

MercyCare Health Plans and Mercy Health System are continuously working to achieve ‘Excellence in Customer Service’.

Please complete and return this short survey. By doing so, you assist MercyCare’s efforts to use your feedback as a tool to help identify and implement improvements in our customer service to you; our members.

Relating to the last time you spoke to a MercyCare customer service representative:

- 1. Did the customer service representative you spoke with give you the information or help you needed?  Yes  No

Comments:

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- 2. Did the customer service representative you spoke with treat you with courtesy and respect?  Yes  No

Comments:

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THANK YOU for taking the time to complete this survey. Please fax, mail or email the completed survey at your convenience to:

**Customer Service Survey**  
MercyCare Health Plans  
PO Box 2770  
Janesville, WI 53547-2770

Fax #: (608) 752-3431  
Email: [mcare@mhsjvl.org](mailto:mcare@mhsjvl.org)