

Post PARS Satisfaction Survey

To continually enhance the *Physical Accessibility Review Survey (PARS)* review process, we would appreciate your responses on the survey below. Please mark the responses that best indicate your level of satisfaction with today's *PARS* review. Confidentiality of this survey will be maintained; only the aggregate report will be provided to Anthem Blue Cross and involved associates.

Date of review:					
Name of reviewer:					
Please indicate your level of agreement with the following statements:	Strongly agree	Agree	Somewhat agree	Disagree	Strongly disagree
The auditor					
The reviewer arrived on time.					
The reviewer was courteous.					
The reviewer was able to answer questions.					
The reviewer asked for my input to ensure review responses were accurate.					
The audit					
Our office received information explaining what the <i>PARS</i> survey is and what to expect at the time of the review.					
The review was conducted efficiently.					
During the review exit conference, the reviewer and I discussed the review results and recommendations.					
The process					
I was provided sufficient information about the <i>PARS</i> survey.					
Comments:					
Provider name (optional):					
<input type="checkbox"/> Please contact me:					

Thank you for participating in this survey.

<https://providers.anthem.com/ca>