



Jaimini Health Inc.

Dear Provider and Associate Dentist(s),

In our ongoing efforts to honor our commitment to develop the most provider and member friendly dental HMO in California, we need to periodically survey our providers to learn what you are thinking and how we are meeting your needs.

We have enclosed a one-page survey that will assist us in helping YOU. Please take a few minutes and share with us the information we are requesting. In addition, please ensure that each of your associate dentists complete the survey. We strongly encourage you to be candid and let us know how we can help you, your patients and members.

We wish to have this survey compiled and analyzed in the shortest order possible. Please return in the Business Reply Envelope provided no later than **May 23, 2003**.

Thank you for your insight.



Jaimini Health Dental Provider Survey

1. How long have you been a provider for PrimeCare Dental Plan/Healthdent of California? <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years
2. Do you know how many patients you currently have enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, approximately how many: _____
3. How many patients would you like enrolled for your office?
4. Do you know your monthly income for these enrolled members? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, approximately how much: _____
5. How much monthly income (capitation and copayments combined) would you like to see from your enrolled patient base? <input type="checkbox"/> Less than \$100 <input type="checkbox"/> \$101-\$1000 <input type="checkbox"/> \$1000-\$2500 <input type="checkbox"/> \$2501-\$5000 <input type="checkbox"/> \$5,001-\$10,000 <input type="checkbox"/> \$10,000+
6. What advantages to your practice exist by having this option available to your patients? _____
7. What advantages are there to your patients by having this option available to them? _____
8. Are your patients happy with this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is there a specific type, category, age, marital status or other identifiable portion of your patient population which you select to offer this program to or do you offer it to each patient? <input type="checkbox"/> Selected <input type="checkbox"/> All If selected, please briefly describe selection criteria: _____
10. Who does the enrollment offerings in your office (position)?
11. Have they received plan specific sales training? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are they compensated for any enrollments they complete? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much per application? _____ If yes, how often? _____
13. What are the three most favorable features of this program? a. b. c.
14. What are the three least favorable features of this program? a. b. c.
15. What would you change about this program if you could?
16. What other comments would you like to make with regards to this program?