

The Liberty Health Care Network is interested in your response to the following survey. By providing information on your experience with your work related injury or illness, The Liberty Health Care Network can work to ensure a quality network of medical providers for all injured workers. Please take a few minutes to complete this survey by circling your answer and return it to your claims case manager or mail it to:

**Liberty Health Care Network,  
Attention: HCN Manager,  
Mail Box 0C3B  
2100 Walnut Hill Lane, Irving, TX 75038**

**INJURED WORKER SURVEY**

1. Did you receive medical treatment for your injury on the job?
  - a. Yes
  - b. No
  
2. How did you select your first non-emergency medical provider?
  - a. The insurance case manager provided me with a list of providers to choose.
  - b. My employer provided me with a list of providers to choose.
  - c. My union told me which provider to see.
  
3. Was this medical provider your regular family doctor?
  - a. Yes
  - b. No
  
4. At any time during the treatment for your work-related injury or illness, did you change treating doctors?
  - a. Yes
  - b. No

If you answered "yes" to question #4, why did you change your treating doctor?

  - a. The doctor released me to return to work before I was ready.
  - b. I did not think the doctor was helping me.
  - c. Other – please explain

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5. How satisfied were you with the quality of medical care you received from the doctor you saw most often for your work-related injury or illness?
  - a. 1 – extremely dissatisfied
  - b. 2 – somewhat dissatisfied
  - c. 3 – satisfied
  - d. 4 – very satisfied
  - e. 5 – extremely satisfied
  
6. Do you feel you received the appropriate medical care necessary to resolve your injury/illness?
  - a. Yes
  - b. No

- If your answer to question #6 is "No," was the problem in getting all of the medical care necessary because
- a. There was difficulty in diagnosing your injury or illness?
  - b. You could not get an appointment?
  - c. Your insurance company did not authorize tests or procedures?
  - d. Other – please explain.

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7. Did your insurance company handle all of your medical bills to your satisfaction?
- a. Yes
  - b. No

If your answer to question #7 is "No," was the problem in the handling of all your medical bills because

- a. Your doctor advised you that the medical bills were not paid correctly?
- b. You did not understand how the medical bills were paid?
- c. Some of your medical bills were not paid?
- d. Other – please explain

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8. Did your insurance company deny your claim?
- a. Yes
  - b. No

9. Was a nurse assigned to your claims?
- a. Yes
  - b. No

If you answered "Yes" to question #9, did the nurse help you with medical issues and/or assist you in returning to work?

- a. Yes
- b. No

10. How long were you off work because of your work-related injury or illness?
- a. 1 day
  - b. Less than 7 days
  - c. Less than 1 month
  - d. 1 month to less than 6 months
  - e. 6 months to less than 1 year
  - f. One year or more

11. Regarding return-to-work has your current Treating Doctor
- a. Returned you to work without any physical restrictions?
  - b. Returned you to work with some physical restrictions?
  - c. Not returned you to work in any capacity?

12. Are you currently working?
- a. Yes
  - b. No

If you answered "Yes" to question #11, are you doing the same kind of work you did before your injury or illness?

- a. Yes
- b. No

If you answered "No" to question #11, are you not working because

- a. You retired?
- b. Your employer went out of business?
- c. You were laid off?
- d. You took another job?
- e. You quit?
- f. You have not been released to return to work yet?
- g. Your employer could not bring you back with your physical restrictions?