## PROGRESSIVE INSURANCE CLAIMS MEDICAL PROVIDER SURVEY

Progressive Insurance has a vested interest in providing our Claims Medical Providers with increased payment benefits in the very near future. These benefits would include, EFT payments, plus Electronic Remittance Advice (ERA) & Explanation of Benefits (EOB).

To ensure that we are meeting the needs of our providers we ask that you take a few moments to fill out the following short survey. Return the survey to us by filling out on-line and submit via the "Submit by Email" button

Progressive is committed to meeting the needs of our providers now and in the future. Your response will help Progressive offer you a more convenient way to manage your finances, reduce paper and save time and money.

ARE YOU CURREN	TLY RECEIVING THE FOLL	OWING? CHECK ALL THAT AP	PLY.
☐ EFT Payments	☐ Electronic EOB	☐ ERA	☐ Claims Verification
	ING ELECTRONIC EOB AN YOUR INFORMATION? CH		JRANCE COMPANIES HOW DO YOU
☐ Clearinghouse	☐ Insurance Company	's website or other application	☐ Other
IF YOU CHOSE CLEA	ARING HOUSE, WHICH CLE	EARING HOUSE(S)?	
IF YOU CHOSE OTH	ER, PLEASE EXPLAIN?		
WHICH OF THE FOL	LOWING ARE YOU INTERE	STED IN RECEIVING FROM P	ROGRESSIVE? CHECK ALL THAT APF
☐ EFT Payments	☐ Electronic EOB	☐ ERA	☐ Claims Verification
Г	ving fields. Progressive may o	contact you to discuss how we c	an better serve your needs.
Company Name			
Address			
Your Name & Title			
Phone Number			
Email Address			

THANK YOU FOR YOUR RESPONSE
If you have any questions you may reach us via E-mail at: cmp\_supplier\_support@progressive.com