

HICAP Client Comment Form

Thank you for meeting with a HICAP counselor. Your feedback helps us improve our services and better support Medicare beneficiaries.

Client Information

Client Name: _____

Phone Number (optional): _____

Email Address (optional): _____

Date of Appointment: _____

Appointment Feedback

1. How satisfied were you with the assistance you received?

- Excellent
- Good
- Fair
- Poor

2. Did the counselor explain information clearly and respectfully?

- Yes
- Somewhat
- No

3. Did you feel your questions and concerns were addressed?

- Completely
- Mostly
- Partially
- Not at all

4. Was the information provided helpful in understanding your Medicare options?

- Very Helpful
- Helpful
- Somewhat Helpful
- Not Helpful

5. How would you rate the overall professionalism of the HICAP counselor?

- Excellent
- Good
- Fair
- Poor

Additional Comments

Please share any comments, suggestions, or concerns:

Permission to Follow Up

May HICAP contact you regarding your comments if needed?

- Yes
- No

Preferred method of contact:

- Phone
- Email

Thank you for taking the time to complete this form.

HICAP (Health Insurance Counseling and Advocacy Program)

Providing free and unbiased Medicare counseling services.



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