# aNNEXURE F: TESTIMONIAL TEMPLATE

(This template can be authenticated with the stamp of the company who received the services, or the below required information can be copied into such company’s official letter template)

This document serves as reference and a service satisfaction survey for Medical Brokerage Services rendered by the below company:

………………………………………………………………………………………………………………….…….......................................................

**Section A:**

**REFERENCE COMPANY WHO RECEIVED THE SERVICE:**

Client Name: ………………………………………………………………………………………………………………….…….............

Client contact person: ……………………………….………... Client phone number: …………………………….………...............

Contract Period: Start date: ………………………………………………End Date…………………………………..…………………

Description of the services: ……………………………………………………………………………………………………..………….

……………………………………………………………………………………………………..…………………………………………………………..

**Section B:**

**Please tick only ONE option per line item.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Select only one of the following per line item** | | |  |
| **No** | **Criteria (Performance of services rendered)** | **Good** | **Average** | **Poor** | **Reason for the rating** |
| 1. | Level of satisfaction on quality of Medical Brokerage Service |  |  |  |  |
| **No** | **Criteria (Number of employees)** | **8 000 and more** | **6 000 to 7 999** | **5 000 to**  **5 999** | **Reason for the rating** |
| 3. | Size of the company |  |  |  |  |

**Comments:**

…………………………………………………………………………………………………………………….......................................

…………………………………………………………………………………………………………………….......................................

**Signature**:…………………………………………………….

**Date:** …………………………………………………………

**This document may be copied to the client’s company letterhead or authenticated with a company stamp.**