General Notification

Notification Date: 10/23/2025

To: **All Providers**

From: **MDwise Provider Relations**

Subject: **2025 Annual Provider Survey**

Effective Date: **N/A**

Summary

We are reaching out to express our sincere gratitude for your continued dedication to our members and your pivotal role in our health plan network. Your commitment to delivering exceptional care is greatly appreciated.

As part of our ongoing efforts to enhance our services and support, we have developed a brief survey that we kindly ask you to complete. Your feedback is crucial to us; it will help us understand how well we are meeting your needs and identify areas where we can improve our business operations.

Your opinions are invaluable, and we thank you in advance for taking the time to share them with us.

Thank you once again for your partnership and for the outstanding care you provide to our members.

Action

Take our survey by following the following link or scanning the QR code below. The survey should take less than 15 minutes.

https://www.surveymonkey.com/r/MDwise2025

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