

We are happy to help you. Should you wish to discuss any issue in more detail, please call the Member Services Department at 432-0246.

Do you wish a response?

Yes No

May we use your name in discussing comments with relevant YHP staff members?

Yes No

\_\_\_\_\_  
Name (Optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Day Phone

\_\_\_\_\_  
Evening Phone

\_\_\_\_\_  
YHP ID#

**Membership Status**

Male Female

● Student Undergraduate Professional  
Graduate

● Employee Faculty M&P  
Service & Maintenance Clerical & Technical

● Dependent Faculty Student  
M&P Clerical & Technical  
Service & Maintenance

● Retiree Medicare Retiree

● Other \_\_\_\_\_

Yale Health Plan  
Member Services  
17 Hillhouse Avenue  
P.O. Box 208237  
New Haven, CT 06520-8237

# YALE UNIVERSITY HEALTH SERVICES

## Yale Health Plan



# *Comment Card*

*The Yale Health Plan is dedicated to achieving a high level of patient/member satisfaction. We value your input to assist us in accomplishing this goal.*

