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| Your healthcare provider is participating in the Medicare Provider Experience Survey to learn how to improve your Medicare health care experience. |
| Picture of doctor talking with a patient | In the next week, [INSERT VENDOR NAME] will send you a short survey about your experience receiving primary healthcare services. The information you provide in the survey will be kept confidential and will not be shared with your health care providers. Your participation in this survey is voluntary and will not affect your Medicare benefits in any way.If you have any questions, please call the toll-free helpline at [INSERT VENDOR PHONE HERE] or send an email to [INSERT VENDOR EMAIL HERE]. |
| If you cannot respond because of poor health or cognitive or physical limitations, someone like a family member, friend, or caregiver knowledgeable about your care can assist. *Si prefiere la encuesta en español, por favor llame al [INSERT VENDOR PHONE HERE]*. |

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| **Your healthcare provider greatly appreciates your participation in the Medicare Provider Experience Survey!** |

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| PRESORTED FIRST-CLASS MAIL  |



Medicare Provider Experience Survey

[INSERT VENDOR PO BOX HERE]

[INSERT VENDOR CITY, STATE AND ZIP CODE]

<<TOPLINE>>

[FNAME} [LNAME]

[ADDRESS]

[CITY], [STATE] [ZIP]