

敬爱的聯邦保健受益人:

「聯邦醫療保險及醫療補助服務中心」是聯邦政府的機構。專責管轄「聯邦 保健」的運作。以確保閣下所得到的是一個高質素醫療護理。為履行我們的職 責,其中的一個方法是直接向閣下查詢目前您所得到醫療服務對您健康的影響。

「聯邦醫療保險及醫療補助服務中心」現在舉行對持有「聯邦保健」人仕來 一次「聯邦保健健康狀況」問卷調查。閣下是由「聯邦醫療保險及醫療補助服務 中心」在抽樣調查方式中被選中為今次調查對象。我們極希望閣下能填寫這份問 卷。然後用隨函附上的回郵信封寄回本辦事處。

閣下的回覆將會提供有關閣下的健康狀況的資料。兩年之後,閣下將會再次 接到同樣的問卷調查,我們會將兩份問卷的答案作比較分析,以確定照顧閣下的 醫療護理能否使你健康。分析完成後,閣下的答案將會給與閣下的保健計劃,閣 下的保健計劃就會以此資料作為改善醫療護理的質素。

了解閣下的健康狀況,對我們來說是非常重要的。雖然參與這次調查是自願 性的,我們極希望您能盡量回答問題。您所提供的資料對您現有的聯邦醫療保障 福利是沒有影響的。

「華人保健計劃」是與我們「聯邦醫療保險及醫療補助服務中心」聯合執行這次調查。如果您有任何問題請致電「華人保健計劃」415-397-0776,內線256聯絡。

多謝您的合作!

Walter Stone

Walter Stone CMS Privacy Officer 敬 啓

備注:如果您在填寫這問卷時遇上困難,您的親人、朋友或照顧您的人而知道您 健康情況可以幫您填寫。

ENGLISH ON THE OTHER SIDE



Dear Medicare Beneficiary:

The Centers for Medicare & Medicaid Services (CMS) is the Federal agency that administers the Medicare program. Our responsibility is to make sure that you get high quality care. One of the ways we can fulfil that responsibility is to find out directly from you about how the care you are currently receiving under the Medicare program affects your health.

CMS is conducting a survey of people with Medicare called the Medicare Health Outcomes Survey. Your name was selected at random by CMS from among the people in your health plan with Medicare. We would greatly appreciate your taking the time to fill out this questionnaire. A postage-paid return envelope is enclosed.

Your answers to the survey will provide information about the state of your health. You will be contacted 2 years from now and asked to complete the survey again. Your answers to the two surveys will be compared to determine if the care you receive is keeping you as healthy as possible. After the study is completed, your responses will be shared with your health plan. Your plan will use this information to improve the quality of care.

Learning about the state of your health is very important to us. While your participation is voluntary, we hope that you will take the time to answer the questionnaire. Your answers will have no effect on your Medicare benefits.

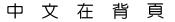
National Research Corporation is a survey research organization working with us to carry out this survey. If you have any problems completing the survey or would like to receive an English copy of the questionnaire, please contact National Research Corporation toll free at 1-877-885-2442 or e-mail National Research Corporation at hos@nationalresearch.com.

Thank you for your help with this important survey.

Sincerely, 11 alter Stone

Walter Stone CMS Privacy Officer

P.S. If you have trouble completing the survey, a relative, friend or caregiver, who knows about your health, can fill out the survey about you.





敬愛的聯邦保健受益人:

「聯邦醫療保險及醫療補助服務中心」現在舉行一個聯邦保健的調查,以了 解閣下的保健計劃在照顧您的健康方面做得怎樣。閣下是由「華人保健計劃」在 抽樣調查方式中被選中為今次調查對象。

最近我們寄給閣下一份「聯邦保健健康狀況調查問卷」,但我們至今仍未收 到您的回覆。我們現在再次寄一份問卷給閣下,希望閣下能回答這問卷,然後用 隨函回郵信封寄回。

了解閣下的健康狀況,對我們來說是非常重要的。雖然參與這次調查全是自 願性的,希望您能幫助我們回答這些問題,您所提供的所有資料,對您現有的聯 邦醫療保障福利是沒有影響的。

兩年之後,閣下將會再次接到同樣的問卷調查。我們會將兩份問卷的答案作 比較分析,以確定照顧閣下的醫療護理能否使你健康。分析完成後,閣下的答案 將會給與閣下的保健計劃,閣下的保健計劃就會以此資料作為改善醫療護理的質 素。

「華人保健計劃」是與我們「聯邦醫療保險及醫療補助服務中心」聯合執行 這次調查。如果您有任何問題請電「華人保健計劃」415-397-0776,內線256聯 絡。

謝謝您的合作!

Walter Stone

Walter Stone CMS Privacy Officer 敬啓

備注:如果您在填寫這問卷時遇上困難,您的親人、朋友或照顧您的人而知道您 健康情況可以幫您填寫。

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MEDICARE HEALTH OUTCOMES SURVEY 聯邦保健健康狀況調查

敬愛的耆英會員:

相信閣下在一星期前已收到「聯邦保健健康狀況 Health Outcomes Survey」的調查 問卷,希望閣下已填妥並寄回本機構。倘若閣下尚未回答這問卷,請今天就填寫及用回 郵信封寄回。這是您的機會,使您的保健計劃,能提供更好的服務。

如閣下已將問卷填妥並寄回本機構,謝謝!

如閣下沒有收到這問卷或想要一份英文問卷,請致電「華人保健計劃」415-397-0776, 內線 256 聯絡。他們會寄一份問卷給您。

Hello!

About a week ago you received the Medicare Health Outcomes Survey in the mail. This is a reminder that we would like you to fill out the questionnaire and mail it back in the postage paid envelope that came with it. We need your answers. This is your chance to help serve you better.

If you have returned the completed questionnaire, thank you!

If you did not get the questionnaire or would like to receive an English copy of the questionnaire, please contact National Research Corporation toll free at 1-877-885-2442 or e-mail at hos@nationalresearch.com and they will mail a questionnaire to you.

Please Stamp Here

TO: