

**Draft – THANK YOU Letter to Physician Practices  
PRINTED ON MATHEMATICA LETTERHEAD**

[PRACTICE MANAGER’S NAME]  
[PRACTICE NAME]  
[ADDRESS]  
[CITY][STATE][ZIP]

[DATE]

Dear [NAME]:

Thank you very much for agreeing to participate in our upcoming study for the U.S. Department of Health and Human Services’ Office of the National Coordinator for Health Information Technology (ONC). We very much appreciate your allowing us to recruit study volunteers from among your patients and, as agreed, we will minimize any disruption to the operation of your practice. A Mathematica representative will call you directly to arrange a date to come to your office between [DATE] and [DATE].

Enclosed please find a check for \$100. If you have any questions, please contact me at 617-674-8355 or by email at [kbogen@mathematica-mpr.com](mailto:kbogen@mathematica-mpr.com).

Again, we appreciate your participation in this important research project.

Sincerely,

Karen Bogen  
Survey Director

Enclosure

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX and expires XX-XX-20XX. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Office of the National Coordinator for Health Information Technology, Department of Health and Human Services, 200 Independence Ave. SW, Suite 729-D, Washington, DC 20201.