

Proposed E-mail and Web Chat Customer Satisfaction Survey Questions

GREETING

We are writing to you on behalf of Medicare about the (letter/e-mail) dated (date of response) that you recently received from Medicare in response to your (letter/e-mail/Web contact).

We are writing to you on behalf of Medicare about the (date of interaction) web chat that you recently had with Medicare.

Your participation is voluntary and your answers will be treated as confidential. Your answers may be used to improve the customer service at Medicare. Your participation is voluntary and your answers will be treated as confidential. This contact may be monitored for quality purposes.

Although you may have also called 1-800 MEDICARE, please think only about the (written/e-mail/Web) response you received from Medicare when you answer the following questions.

NOTE: The actual (e-mail/Web chat) survey will consist of 8-15 of the following questions.

CLOSING

Thank you for contacting Medicare and for taking the time to answer these questions. Your answers will be used to help improve Medicare services.

ⁱ 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 0938-0919. The time required to complete this information collection is estimated to average 8 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: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.