

Proposed Written Correspondence Customer Satisfaction Survey Questions

Medicare Customer Satisfaction Survey

The Centers for Medicare & Medicaid Services strives to provide excellent customer service. Our goals are to provide accurate, timely, and useful information to our customers. We noticed you recently wrote a letter to Medicare and were sent a letter in reply on or about *[date mailed]*. We would appreciate you sharing your experience with us so we may better serve you in the future.

Your participation is voluntary will have no effect on your Medicare benefits or on individuals you represent. Your answers to the questions will be used to help us improve Medicare services. You are important to us and we hope you will share your opinions with us.

Although you may have also contacted Medicare by telephone at 1-800-MEDICARE, the attached survey asks specifically about your satisfaction with the letter you recently sent to you from Medicare on or about *[date mailed]*. Please take a few minutes to answer the enclosed questions and return them in the self-addressed, postage-paid envelope.

Every completed survey is extremely important to help Medicare improve customer service. Your answers will be strictly confidential. If you have specific requests, concerns, or questions, please contact 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Thank you for taking the time to help us improve our services to you and our other customers. We look forward to hearing from you soon.

Sincerely,

Medicare Customer Satisfaction Team

NOTE: The actual written correspondence survey will include 8-15 of the following questions. Some tools may be routine customer satisfaction surveys and others will focus on specific areas of service.

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 13 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.

