

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE HEALTH AFFAIRS

TRICARE MANAGEMEN T ACTIMITY
HEALTH PROGRAM ANALYSIS AND EVALUATION DIRECTORATE

[Unique Provider ID Number]

FOR: [Title] [Insert Provider Name]

Street Address City, State, and ⊿p

Date:

Dear [Title] [Insert Provider Name],

Hello! You have been selected to participate in a very important survey effort. In support of U.S. military men Congress has directed the Department of Defense to survey civilian mental and behavioral health care provide U.S. to determine whether military service members and their families have access to the care they need. A samount of mental and behavioral health care provided to our military and their families is delivered by private, providers like yourself. The DoD has contracted Synovate to conduct this survey.

We are asking you to please answer the questions on the back of this letter and return it **within five days**. We the survey be completed by the person in your office who is most knowledgeable about billing and insurance, that there may be more than one provider in your office and ask that this survey be completed for the provider. There are several ways to complete this survey, which should only take five minutes of your time:

To complete the survey on the Internet, direct your browser to:http://www.synov.atelink.com

Your unique login name is: XXXXXXXX Your unique password is: XXXXXXXX

You may return the survey via fax to: 1-800-585-9446

You may also complete the survey and return it via postal mail in the enclosed postage paid envelope.

Thank you in advance for your cooperation and help as we examine this important issue that impacts our service men and women. If you have questions about this survey, please call Synovate between the hours of 8 Eastern Time at 1-800-228-6764.

Sincerely yours,

Thomas V. Williams, Ph.D.
Director, Health Program Analysis and Evaluation Directorate
Office of the Assistant Secretary of Defense (Health Affairs) TRICARE Management Activity

