

*A Reminder from
Your Friends at MEPS*



Medical Expenditure Panel Survey

Place
Stamp
Here

Dear

*This card is to confirm our appointment for
the Medical Expenditure Panel Survey on*

Date: _____

Time: _____ (a.m./p.m.)

I'm looking forward to seeing you!

*If you need to reschedule your
appointment, please call.*

ID:

Name

Street Address

City

State

ZIP