

CMS LETTERHEAD

[NAME]
[ADDRESS 1]
[ADDRESS 2]
[CITY], [STATE] [ZIP]

Dear [NAME]:

I'm writing to ask you to take part in an important national survey about people with End Stage Renal Disease (ESRD). The Centers for Medicare and Medicaid Services, the agency that runs Medicare, is gathering information about your experiences in getting health care. We want to make sure that you are getting the best possible care so we need to hear about your experiences.

- It should take approximately 15 minutes to participate in the survey.
- Participation in the survey is voluntary and will not affect your Medicare benefits.
- Through the survey we hope to learn how to improve care for Beneficiaries with ESRD.
- A telephone interviewer will call you to complete the survey.

Your name was chosen from among all Beneficiaries with ESRD. It is very important that we talk to everyone selected to participate. Your answers to the survey questions will be treated as confidential.

To help us in conducting the survey a telephone interviewer from Westat will call you in the next week to conduct the survey interview. If we are unable to reach you, please let us know when we can call you back. We appreciate your taking the time to participate in our survey.

Thank you in advance for your cooperation. If you have any questions about the survey, please call [insert Westat 800 number] or send an email to [insert Westat email address].

Sincerely,

Steve Blackwell, PhD, JD, RPh
CMS Project Officer