

Sample Cover Letter for First Questionnaire Mailing

Medical Home Survey

NAME [PRINT SAMPLE IDENTIFICATION NUMBER HERE]
ADDRESS
CITY, STATE ZIP

Dear NAME:

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that runs the Medicare program and helps to ensure that you get high quality care. CMS has contracted with non-profit research company RTI International to conduct a survey to learn more about the health care services you receive at [PRACTICE NAME]. Your name was selected at random by CMS from among Medicare beneficiaries who receive care at [PRACTICE NAME].

We would greatly appreciate it if you would take about 20 minutes to fill out the survey. The results of this survey will be used to improve the quality of services that Medicare beneficiaries like you receive.

All information that would let someone identify you or your family will be kept private. RTI International will not share your personal information with anyone. Your responses to this survey are also completely **confidential**. Your individual answers will never be seen by your provider or anyone else involved with your care. You may notice a number on the cover of the survey. This number is used **only** to let us know if you returned your survey so we don't have to send you reminders.

You may choose to answer this survey or not. Your decision will not affect the health care you get. Once you complete the survey, place it in the return envelope that was provided, seal the envelope, and mail the envelope to RTI International.

If you have any questions about this survey, please call [NAME] toll free at [RTI Toll-free number]. If you have any questions about your rights as a survey respondent, you may call RTI's Office of Research Protection toll-free at 1-866-214-2043.

Thank you in advance for your participation.

Sincerely,

[Signature]

Nancy McCall, RN, Sc.D.
MAPCP Project Director
RTI International

Nota: Si quiere una encuesta en español, por favor llame al (XXX) [XXX-XXXX].
Enclosures