

Survey Reminder Letter:

NAME
ADDRESS 1
ADDRESS 2
CITY, STATE, ZIP
UID 1234567

Dear Veteran,

You should have received an invitation to participate in an online satisfaction survey regarding the emergency treatment you received in a community medical facility under the Veterans Millennium Health Care and Benefits Act (Millennium Act) emergency care benefit. Thank you so much for taking the time to complete the survey. Your feedback is critical and your participation will help VA to increase yours and other Veterans' satisfaction with emergency treatment received in the community, and to more effectively tailor education efforts in order to improve Veterans' knowledge regarding eligibility for the Millennium Act benefit.

If you have not yet completed the survey, please do! The survey will take about 7 minutes to complete and is available until **[DATE]**. Please note the survey is voluntary and completely anonymous. To access the survey, please enter the following address into your web browser exactly as it appears:

www.va.gov/PURCHASEDCARE/index.asp

- **Important** - Once you access the online survey, please enter the Unique Identifier (**UID**) listed above under your name. This number will help us track our response rate.

If you do not have access to the internet, please call **1-877-466-7124** toll-free to request that a paper copy of the survey be mailed to you.

Thank you for your service and for your time and interest in helping us to serve you better.

Sincerely,

Douglas Katason
Stakeholder Outreach Manager