

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-24-25  
Baltimore, Maryland 21244-1850



CMS Privacy Office

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Dear Medicaid Beneficiary:

We recently sent you a survey about your Medicaid health care experiences. If you have returned the survey, thank you for your help. If you have not yet answered the survey, we would appreciate it if you could please fill it out and mail it back in the postage-paid envelope we sent you.

We need your information to help Medicaid serve you better. All information you provide will be held in confidence by the Centers for Medicare & Medicaid Services and is protected by the Privacy Act. You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will have no effect on your Medicaid benefits.

If you have any questions about the survey or would like to find out how to complete the survey by phone, please call [VENDOR NAME] toll-free at 1-XXX XXXX, Monday through Friday, between XX:XX a.m. and XX: XX p.m. All calls to this number are toll-free.

Thank you in advance for your participation. Your knowledge and experiences will help to make health care better for everyone enrolled in Medicaid.

Sincerely,

A handwritten signature in cursive script that reads "Walter Stone".

Walter Stone  
CMS Privacy Officer