

**Attachment 6.d. Reminder Letter (English)**

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S1-13-05  
Baltimore, Maryland 21244-1850



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Month 2014

NAME  
ADDRESS  
CITY, STATE ZIP

Dear NAME:

About a month ago, we sent you a survey that the Centers for Medicare & Medicaid Services (CMS) is doing called the **Program Participant Survey**. We have not gotten the survey back from you yet. We are doing this survey to learn more about your experiences with the **(Program Name or Specific Program Name) program**. If you have already sent us your survey, thank you very much!

Please take a few minutes to answer the survey. Please return the survey in the envelope included with this letter.

**It is your choice whether or not to do the survey. Your decision will not affect your Medicaid benefits.** Your answers will be kept confidential and are protected by the Privacy Act. We will not share your answers with **(Program Name or Specific Program Name)**. We hope that you will do the survey. Your answers will help us to make programs like this better.

If you have any questions, please call NAME toll-free at 1-877-XXX-XXXX. Si desea recibir la versión de la encuesta en español, por favor llame al 1-877- XXX-XXXX.

Thank you for your help with this survey.

Sincerely,

NAME  
CMS TITLE