

**ATTACHMENT B:
COVER LETTER FOR OAS CAHPS FIRST MAILING**

«FirstName» «LastName»
«Address1» «Address2»
«City_Name», «State_Code» «Zip_Zip4»

Dear «FirstName»:

[FACILITY] would like to learn more about the quality of health care that patients receive in our facility. [VENDOR], an independent research company, is helping us conduct this survey. Our records show that you had a surgery or procedure at [FACILITY]. The results of this survey will be used to help us understand more about patient experiences in our facility.

The enclosed survey asks for your experiences with the outpatient surgery or procedure you had on [DATE OF SURGERY]. We hope that you will take a few minutes to complete and return the questionnaire to [VENDOR] in the enclosed, postage-paid envelope.

When answering the questions, please consider your visit to [FACILITY] on [DATE OF SURGERY]. Do not answer questions based on any other surgeries or procedures you might have had at either this facility or another.

All information you provide will be confidential and is protected by the Privacy Act. Your participation is voluntary and will not affect any health care benefits you receive.

If you have any questions about the survey, please call NAME toll-free at 1-800-XXX-XXXX. Thank you in advance for your participation. Si desea recibir la versión de la encuesta en español, por favor llame al 1-800-XXX-XXXX.

Sincerely,

NAME
Title

