< Date>

<BENEFICIARY/REP FULL NAME>

<ADDRESS>

<CITY STATE ZIP>

**Enclosed is the Medicare survey you requested**

We spoke with you a few days ago to ask about about your experience with Medicare’s {*complaint review/appeal*} process. Enclosed is the survey you requested. Your responses to this survey are important and will help us make improvements in providing Medicare services to you and other people with Medicare.

**What to do next**

Please fill out and return the survey in the envelope that was sent with the survey.

**Get help & more information**

For help with or questions about this survey, call the survey helpline at 1-800-XXX-XXXX or send an email to XXX@XXXXXXXXXX.XXX.

THANK YOU for taking your time to help improve Medicare services.

Sincerely,

*<Insert Signature>*

*<INSERT NAME >*
Director, Quality Improvement & Innovation Group

