



< 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@XXXXXXXXXXXX.XXX](mailto:XXX@XXXXXXXXXXXX.XXX).

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

Sincerely,

<Insert Signature >

<INSERT NAME >

Director, Quality Improvement & Innovation Group

