

Survey Reminder Letter:

NAME
ADDRESS 1
ADDRESS 2
CITY, STATE, ZIP

UIC 1234567

Dear Provider,

You should have received an invitation to participate in an online survey regarding your satisfaction with the services you receive from the Veterans Health Administration (VHA) Office of Community Care through traditional VA Community Care. Thank you so much for taking the time to complete the survey. Your feedback is critical and your participation will help improve the quality of services received by you and other community providers from the VHA Office of Community Care.

If you have not yet completed the survey, please do! The survey will take about ten minutes to complete and is available until **[DATE]**. Please note the survey is voluntary and completely confidential.

To access the survey, please enter the following address into your Web browser:

<https://www.va.gov/communitycare>

You will see a Provider Survey graphic at the top center of our home page; click on the “Learn more” link inside the blue box to the right of the graphic to access the survey page.

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Important – Once you access the online survey, please enter the Unique Identifier Code (**UIC**) listed above under your business name. This number will help us track our response rate.

If you do not have access to the internet, please call **1-877-466-7124** toll-free to request that a paper copy of the survey be mailed to you.

Thank you for your time and interest in helping us to serve you better.

Sincerely,

Roxanne Hoffner
Stakeholder Relations