

## 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 Department of Veterans Affairs (VA) Medical Center staff and health care networks Health Net/ TriWest staff. 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.

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 anonymous.

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 to the right of 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