

Survey Invitation/Instructions:

NAME
EMAIL ADDRESS
ADDRESS 1
ADDRESS 2
CITY, STATE, ZIP
UIC 1234567

RE: VA Community Care Network Provider Satisfaction Survey

Dear Provider,

The Department of Veterans Affairs (VA) is committed to achieving the highest level of customer satisfaction with community providers like you who deliver health care services to Veterans through the Community Care Network (CCN). We are very interested in learning about your perceptions and experiences as a community provider in CCN Region 1 in collaboration with VA and *[insert TPA]*.

To further build our relationship with you we are administering quarterly provider satisfaction surveys. Responses received from the quarterly surveys are used by VA *and TPA* to improve the quality of communication and services delivered to Community Care Network providers.

Please reserve time this quarter to give the VA your input. The survey should take about ten minutes to complete. Note the survey is voluntary and completely anonymous.

To access the survey copy and paste following URL address into your Web browser:
_____. The Unique Identifier Number (UIC) is located at the top of the letter below your address. This number is used for tracking number of responses.

If you would prefer a mail-in survey, please call **X-XXX-XXXX**, toll-free, to request a paper copy of the Survey-instrument.

For assistance or questions regarding the Community Care Network, contact the CCN Helpdesk:

- 1. By email: _____
- 2. Online: _____

Thank you for your commitment to our Veterans as well as your time and interest in helping us to serve you better.

Sincerely,

First Name Last Name
TPA Project Manager