

Survey Reminder Letter:

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

RE: VA CCN Provider Satisfaction Survey

Dear Provider,

By now you should have received an invitation to share your perceptions and experiences this past quarter as a community provider-partner with VA and **[insert TPA]** in the Region 1 Community Care Network (CCN). Thank you very much to all who have completed the VA CCN Provider Satisfaction Survey! Your feedback is critical and will help improve the quality of communication and services VA and **[insert TPA]** gives you and other community providers.

If you have not yet completed the survey, be certain to do so by _____. The survey will take about ten minutes to complete. Please note the survey is voluntary and completely anonymous. To access the survey, enter the following address into your Web browser: _____

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

If you prefer to complete a paper copy of the survey-instrument call X-XXX-XXX-XXXX toll-free and one be mailed to you.

Thank you for partnering with VA and **[insert TPA]** to help us better serve you.

Sincerely,

First name Last Name
TPA Project Manager