

# SAMPLE LEAD LETTER FOR FOLLOW-UP WEB SURVEY INVITATION MAILINGS

Outpatient and Ambulatory Surgery CAHPS Survey  
To be Printed on Ambulatory Surgery Center or Hospital Outpatient Department or Vendor  
Letterhead

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«FirstName» «LastName»  
«Address1» «Address2»  
«City\_Name», «State\_Code» «Zip\_Zip4»

Dear «FirstName» «LastName»:

We recently sent you a request for your help with a survey about your recent outpatient surgery or procedure at [FACILITY]. [FACILITY] would like to learn more about the quality of health care that their patients receive. If you have already taken the survey, please accept our thanks and disregard this letter. Otherwise, we hope that you will take a few minutes to provide your feedback.

To begin the survey, you may type the website link provided below into the URL search bar at the top of your web browser. You will be prompted to enter an access code (provided below) to ensure privacy.

Survey: [WEB SURVEY URL]  
Access Code: [UNIQUE ACCESS CODE]

Taking part in the survey is voluntary and will not affect any health care benefits you receive. All answers you provide will be confidential and are protected by a federal law called the Privacy Act.

If you have questions, please call toll-free 1-8XX-XXX-XXXX or send an email to [VENDOR EMAIL ADDRESS]. If you need help with reading the questions or marking your answers, you may ask a friend or family member to help you. Si tiene preguntas o desea recibir la versión de la encuesta en español, por favor llame al 1-8XX-XXX-XXXX o envíe un correo electrónico a [VENDOR EMAIL ADDRESS].

Thank you for your help.

Sincerely,

[NAME]  
[TITLE]

[PRINT UNIQUE SAMPLE ID NUMBER HERE]