SAMPLE COVER LETTER FOR QUESTIONNAIRE FOLLOW-UP MAILING (FOR WEB WITH MAIL FOLLOW-UP MODE)

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 completed the survey, please accept our thanks and disregard this letter. Otherwise, we hope that you will take a few minutes to provide your feedback.** We have included a paper copy of the survey that you can return in the postage-paid envelope. If you would prefer to complete the survey by web, you may type [WEB SURVEY URL] into the URL search bar at the top of your web browser. You will be prompted to enter the following access code: [UNIQUE ACCESS CODE].

When answering the questions, think about your visit to [FACILITY] on [SURGERY DATE]. Do not answer questions based on any other surgeries or procedures you may have had at either this facility, or another facility. If you need help with reading the questions or marking your answers, you may ask a friend or family member to help you.

All of your answers will be confidential and are protected by a federal law called the Privacy Act. Your answers will be grouped with answers from all other people who take the survey. Your name and anything that might identify you will not be linked to your answers. Taking part in the survey is voluntary and will not affect any health care benefits you receive.

If you have any questions about the survey, please call [NAME] toll-free 1-800-XXX-XXXX or send an email to [VENDOR EMAIL ADDRESS].

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]