

**SAMPLE PRE-NOTIFICATION LETTER BEFORE FIRST CONTACT ATTEMPT FOR
TELEPHONE-ONLY MODE**

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

«FirstName» «LastName»
«Address1» «Address2»
«City_Name», «State_Code» «Zip_Zip4»

Dear «FirstName» «LastName»:

In a few days, you will be invited to take part in an important survey from <<FACILITY>> about the quality of health care that their patients receive. [VENDOR NAME], an independent research company, is conducting this survey. You will be contacted by phone. We hope that you will take time to complete the survey.

The overall survey results will be available online at <https://www.medicare.gov/>. These results help people choose an outpatient or ambulatory surgery facility.

All 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 toll-free at 1-800-XXX-XXXX.

Thank you, in advance, for your help with this important effort.

Sincerely,

[NAME]

[TITLE]

[PRINT UNIQUE SAMPLE ID NUMBER HERE]