



[Month, Year]

[Mailing ID]
[Respondent Name]
[Respondent Address]
[Respondent City, State Zip]

Dear [Respondent Name]:

Within the next few weeks, a representative from our agency will contact you to ask permission to interview you for a special one-time survey about your experiences with healthcare services. The U.S. Centers for Medicare and Medicaid Services have selected you to participate in this survey because of your recent participation in the Medicare Current Beneficiary Survey (MCBS).

This special survey is being conducted all over the world to help policy makers better understand how people around the world experience health care.

The representative who will contact you is from NORC at the University of Chicago. The interview will take about 40 minutes and can be completed at a time convenient to you. If we cannot reach you by phone, our representative may visit you in-person to conduct the interview. This person will have identification showing they are a representative for this Medicare survey.

Your participation in this special survey is your choice. Your Medicare benefits cannot be affected in any way by your decision to participate or the answers you provide, and your information will be kept private to the extent permitted by law, as prescribed by the Federal Privacy Act of 1974.

If you have any questions, please call NORC toll-free at 1-844-777-2151, or email mcbs@norc.org. To set an appointment for your interview, please call or email us.

I hope you'll be able to help us with this important project to improve healthcare services.

A handwritten signature in black ink, appearing to read "Marina Vornovitsky".

Marina Vornovitsky, Director

Medicare Current Beneficiary Survey
Centers for Medicare & Medicaid Services