

SAMPLE LEAD LETTER FOR FIRST WEB SURVEY INVITATION MAILING

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»:

[FACILITY] would like to learn more about the quality of health care that their patients receive. [VENDOR], an independent research company, is conducting this survey. We would like to know about your experience visiting [FACILITY] on [DATE OF SURGERY].

Please take a few minutes to provide your feedback in this brief 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.

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]

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 questions, please call [NAME] toll-free 1-800-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 1-800-XXX-XXXX o envíe un correo electrónico a [VENDOR EMAIL ADDRESS].

Thank you, in advance, for taking this survey.

Sincerely,

[NAME]
[TITLE]

[PRINT UNIQUE SAMPLE ID NUMBER HERE]