

**ATTACHMENT D1:
OAS CAHPS COVER LETTER FOR FIRST QUESTIONNAIRE MAILING**

Outpatient and Ambulatory Surgery CAHPS Survey
To be Printed on Facility 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 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].

The enclosed survey asks for your experiences with the outpatient surgery or procedure you had on [DATE OF SURGERY]. We hope that you will take a few minutes to complete and return the questionnaire to [VENDOR] in the enclosed, postage-paid envelope.

All information you provide will be confidential and is 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. The overall survey results will be available online at <https://www.medicare.gov/>. These results will help people make more informed decisions when choosing an outpatient or ambulatory surgery facility. 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 at 1-800-XXX-XXXX. If you need help in reading the questions or marking responses, a friend or family member can assist you. Thank you in advance for your participation. Si desea recibir la versión de la encuesta en español, por favor llame al 1-800-XXX-XXXX.

Sincerely,

[NAME]

[TITLE]

Enclosures

[PRINT UNIQUE SAMPLE ID NUMBER HERE]

**OAS CAHPS COVER LETTER FOR SECOND QUESTIONNAIRE MAILING TO MAIL
SURVEY NONRESPONDENTS**

Outpatient and Ambulatory Surgery CAHPS Survey
To be Printed on Facility or Vendor Letterhead

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

Dear «FirstName» «LastName»:

Recently, we sent you a letter asking for your help on a survey to provide [FACILITY] with information about the quality of health care provided to patients who receive an outpatient surgery or procedure in our facility. As of today, we have not yet received your completed questionnaire. **If you have already completed and returned the questionnaire, please accept our thanks. If you have not completed it, please take a few minutes to do so now.** Then return the questionnaire in the enclosed, postage-paid envelope.

When answering the questions, please consider your visit to [FACILITY] on [DATE OF SURGERY].

The results of this survey will be used to help us understand more about patient experiences in our facility. All information you provide will be confidential and is protected by 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 at 1-800-XXX-XXXX. If you need help in reading the questions or marking responses, a friend or family member can assist you. Thank you in advance for your participation. Si desea recibir la versión de la encuesta en español, por favor llame al 1-800-XXX-XXXX.

Sincerely,

[NAME]

[TITLE]

Enclosures

[PRINT UNIQUE SAMPLE ID NUMBER HERE]