CAHPS for MIPS Web Survey Invitation Email

SUBJECT: Medicare wants your feedback about your doctor visits
FROM: Medicare Provider Experience team

OPTIONAL: SURVEY VENDORS MAY
INSERT THEIR LOGO

Dear [FIRST LAST]:

This email invites you to take part in an important survey about your care under Medicare. **We'd greatly appreciate you taking the time to complete this survey.** Your feedback will improve Medicare services and make sure Medicare patients get the best care possible.

Your voice matters. The survey will take just a few minutes, and your information is kept private by law. Participation in the survey is voluntary.

Please click on this link to begin the survey: [PERSONALIZED LINK TO SURVEY WITH EMBEDDED PIN]

If you have any questions about this survey, please email the survey organization working with Medicare at [VENDOR EMAIL], or call toll-free at [VENDOR TOLL-FREE NUMBER]. If you do not complete the survey online, we will send you the survey by mail in about two weeks.

Thank you in advance for your help.

Nota: Si le gustaría recibir una copia de este mensaje en español, por favor llame gratis al 1-XXX-XXX-XXXX de lunes a viernes entre las 9:00 am a 6:00 pm, [INSERT TIME ZONE:ET/CT/MT/PT].