

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C1-25-05
Baltimore, Maryland 21244-1850



CENTER FOR MEDICARE

Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

In a few days, you'll get an important survey in the mail. We hope you'll complete the **"Medicare Health Outcomes Survey—Modified"** when it arrives. Your responses will help Medicare improve care.

Your voice matters!

The survey takes just a few minutes, and your information is kept private by law. Participation is voluntary.

For questions about the survey, please call the survey organization working with Medicare toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

Thank you in advance for your help.

Sincerely,

Amy Larrick Chavez-Valdez, Director
Medicare Drug Benefit and C & D Data Group

Si desea solicitar el cuestionario en español, por favor llame al número de teléfono gratuito [PHONE NUMBER] o envíe un correo electrónico a [EMAIL ADDRESS].

如果您需要中文版的問卷，請致電或電郵，他們的免費電話是 [PHONE NUMBER]，郵件地址是 [EMAIL ADDRESS]。

Если Вы хотели бы попросить этот опросник на русском языке, обращайтесь в по бесплатному номеру телефона [PHONE NUMBER] или по адресу электронной почты [EMAIL ADDRESS].

Centers for Medicare & Medicaid Services
c/o Survey Processing
[SURVEY VENDOR RETURN ADDRESS]



CENTER FOR MEDICARE

Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

This is an important survey from Medicare.

We'd greatly appreciate your time to complete and return the **"Medicare Health Outcomes Survey—Modified."** Your response will help Medicare improve care.

Your voice matters!

The survey takes just a few minutes. Participation is voluntary, and your information is kept private by law.

For questions about the survey, please call the survey organization working with Medicare toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

Thank you for your help.

Sincerely,

Amy Larrick Chavez-Valdez, Director
Medicare Drug Benefit and C & D Data Group

P.S. If you need help with the survey, please ask a relative, friend, or caregiver who knows about your health to fill it out for you.

Centers for Medicare & Medicaid Services
c/o Survey Processing
[SURVEY VENDOR RETURN ADDRESS]



CENTER FOR MEDICARE

Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

We recently mailed you the “**Medicare Health Outcomes Survey—Modified.**” If you recently returned this survey, thank you! You don’t need to do anything else.

If not, **this is a friendly reminder that we’re very interested in hearing from you.** We’ve included another copy of the survey and a pre-paid envelope.

Your voice is matters. Your response will help Medicare improve care.

The survey takes just a few minutes. Participation is voluntary, and your information is kept private by law.

If you need help with the survey, ask a relative, friend, or caregiver who knows about your health to fill it out for you.

For questions about the survey, please call the survey organization working with Medicare toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

Again, thank you for your help.

Sincerely,

Amy Larrick Chavez-Valdez, Director
Medicare Drug Benefit and C & D Data Group

Medicare Health Outcomes Survey—Modified

Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

About a week ago, we mailed you the “**Medicare Health Outcomes Survey—Modified.**” If you recently returned the survey, thank you! You don’t need to do anything else.

If not, this is a friendly reminder that we’re very interested in hearing from you. Your response will help Medicare improve care.

If you did not receive the survey or misplaced it, please call the survey organization working with Medicare toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

Thank you for your help.

Sincerely,
The Centers for Medicare & Medicaid Services