



Your primary care provider is participating in the Patient Experience of Care Survey to understand how to improve your health care experience.

In the next week, [INSERT VENDOR NAME] will send you a short survey about your experience with your primary care provider.

Someone like a family member or friend can help you by recording your answers, reading the survey to you, or translating it into your language. However, if you cannot respond because of poor health or cognitive or physical limitations, someone like a family member or friend knowledgeable about your care can take the survey on your behalf.

If you have any questions, please send an email to [INSERT VENDOR EMAIL HERE] or call the toll-free helpline at [INSERT VENDOR PHONE HERE].

Si prefiere la encuesta en español, por favor llame al [INSERT VENDOR PHONE HERE].

**Your primary care provider greatly appreciates your cooperation
with the Patient Experience of Care Survey!**



PRESORTED FIRST-
CLASS MAIL

Patient Experience of Care Survey

[INSERT VENDOR PO BOX HERE]

[INSERT VENDOR CITY, STATE AND ZIP CODE]

<<SID>

<<Full Name(1)>>

<<Address Line 1(1)>>

<<Address Line 2(1)>>

<<City(1)>> <<State(1)>> <<ZIP Code(1)>>