



Recently, we sent you a short survey about your experiences with your primary care provider. If you've completed and returned it, thank you! If not, please do so today. The survey will help your primary care provider understand how to improve your health care experience.

If needed, 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, or have misplaced your survey, 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 HERE]

<<SID>
<<Full Name(1)>>
<<Address Line 1(1)>>
<<Address Line 2(1)>>
<<City(1)>> <<State(1)>> <<ZIP Code(1)>>