



Centers for Medicare & Medicaid Services

c/o Survey Processing
710 Rush Street
South Bend, IN 46601

March 25, 2025

BARCODE PLACEHOLDER

<<Name>>
<<Address>> <<Suite>>
<<City>>, <<ST>> <<Zip>>

Dear <<FirstName>> <<LastName>>:

We recently sent a survey asking for your feedback about your experiences with Medicare. **If you recently mailed us your survey, thank you! You don't need to do anything else.**

This is a friendly reminder that hearing from you is important to Medicare. We want to know about the care you receive. We've included another copy of the survey for you. After you have answered the survey, please return it in the enclosed pre-paid envelope.

We hope you'll take a few minutes to share your feedback. Medicare will use your answers to improve care and help others like you choose health care coverage.

We know your time is valuable and the survey takes only a few minutes to answer. Participation is voluntary, and your information is kept private by law.

For questions about this survey, please call the survey organization working with Medicare toll-free at 1-877-542-2936, Monday to Friday from 9 am - 9 pm Eastern.

Thank you for your help.

Sincerely,

Vanessa S. Duran
Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services

Si quiere recibir una copia de la encuesta en español, llame gratis al 1-877-542-2936.
若您想收到中文版的調查問卷，請致電免費電話 1-877-542-2936.