



DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

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



<<Month>> <<Year>>

Dear Veteran,

How can the Veterans Health Administration (VHA) serve you better? Our records show that you received care from <<prov_name_fin(1)>> in the last 6 months. The survey in this package gives you the chance to tell us what you think about the care and service you received.

We are committed to providing you with the best quality health care available, and your input will help us achieve this goal. This brief survey should take only about 11 minutes of your time.

The check-box responses you provide to the survey questions will not be connected with you personally but combined with the opinions of other Veterans and shared with the VA facility providing your care. However, any additional information which you provide including comments written in the margins, letters, and other enclosures will be shared with the Medical Center Director or appropriate staff at your facility if it is the best way to address your concerns, unless you instruct us not to. If you would like to see the results of the survey for all Veterans who get care at the facility where you receive care, please contact staff at your local VA facility.

VA values your frank and honest feedback to help us improve your care. Participation is voluntary and your answers to the survey will not affect the health care you receive or your eligibility for VA benefits. VA staff will not use comments made through this survey against you.

If you have specific concerns about the care provided at your facility, please contact the facility's Patient Advocate. If that does not resolve your issue, contact the Medical Center Director who has a process to help with your concerns.

If you have questions about your healthcare benefits or claims, please call the appropriate number below.

Questions about healthcare benefits or claims: 1-877-222-8387

Questions about other VA benefits: 1-800-827-1000

After you complete the survey, please send it back in the enclosed pre-paid envelope. The more patients who complete the survey, the more useful the results will be.

Thank you for helping to make VHA health care better for everyone!

Sincerely,

Veterans Health Administration (10E2A)