Sample Cover Letter

FIRST AND LAST NAME
LINE ONE OF ADDRESS
LINE TWO OF ADDRESS (IF ANY)
CITY, STATE ZIP

Dear [FIRST AND LAST NAME],

We at [NAME OF PRACTICE] need your help. We want to improve the care we give you and other patients. We would like you to tell us your thoughts about the care you receive from our providers and staff.

The information that you give us will stay private. Your answers will never be seen by your provider or anyone else involved with your care. Your provider will not even know you helped us by answering these questions. You do not have to answer the questions. Your medical care will not change in any way if you say no.

If you are willing to help us, please answer these questions about the care you have received from our providers and staff in the last 6 months. This should take about [TIME] minutes or less of your time.

Please return the completed survey in the enclosed postage-paid envelope **by** [**MONTH/DAY/YEAR**].

If you have any questions, please call [CONTACT NAME] at [(XXX) XXX-XXXX]. All calls to this number are free. You can also email questions to [EMAIL]. Thank you for helping to make healthcare at [NAME OF PRACTICE] better for everyone!

Sincerely,

[NAME OF PERSON REPRESENTING PRACTICE]