The Centers for Medicare & Medicaid Services (CMS) wants to hear from you:

**HOW ARE WE DOING?**

Our facility is participating in a national study for patients receiving in-center hemodialysis care. If you receive a survey in the mail or a phone call from **[INSERT VENDOR NAME]**, we ask that you please take a moment to complete the survey about the care you receive from us, even if you completed the survey several months ago.

**YOUR FEEDBACK IS IMPORTANT TO US!**

Your participation is voluntary, and your information is kept private by law. No one will be able to connect your answers to your name. **Your answers will help us improve your care!**

If you have questions about this survey, please call our survey vendor, [VENDOR NAME], at [VENDOR PHONE NUMBER].

***Thank you in advance for your participation in this important survey!***

***FOR OFFICIAL ICH CAHPS USE ONLY****:*

*CMS LOGO INSERTED HERE*

| [INSERT FACILITY LOGO HERE] |  |
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