Centers for Medicare & Medicaid Services
c/o Survey Processing
[INSERT VENDOR ADDRESS]



March 30, 2027

Dear FNAME LNAME:

We recently sent a survey asking for your feedback about your experiences with your Medicare drug plan. **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 received. We've included another copy of the survey for you. After you answer the survey, please return it in the enclosed pre-paid envelope.

We hope you'll take a few minutes to share your feedback about your Medicare drug plan. Medicare will use your answers to improve care and help other people with Medicare choose a drug plan.

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-XXX-XXX-XXXX, Monday - Friday from XX am - XX pm [ET/CT/PT].

Sincerely,

Center for Medicare

Nota: Si le gustaría recibir una copia de la encuesta en español, por favor llame gratis al 1-XXX-XXX-XXXX de lunes a viernes entre las XX am y XX pm, [ET/CT/PT].