# We care about your home health care experience.

**[HHA NAME]** is collecting feedback from patients who use our agency. The survey asks patients like you about their home health care and if they would recommend the agency to someone else. Your feedback will help us improve our care.

If you receive a survey in the mail or a phone call from **[INSERT VENDOR NAME]**, please take a few minutes to share your experience about the care you received from our agency.

| **Your voice matters!**   * Visit [medicare.gov/care-compare/](https://www.medicare.gov/care-compare) to find and compare the quality of home health care agencies across the country. |
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**Your answers will help us improve the quality of our care and help others choose a home health agency!** Your participation in the survey is voluntary and your information is kept private by law. No one will be able to connect your answers to your name.

***Thank you in advance for your feedback!***

| [INSERT AGENCY LOGO HERE] |
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| [INSERT VENDOR OR CMS LOGO HERE] |
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