



10/8/2013

RE: Your hospital discharge on 09/29/2013

Dear Robert Plock,

Our goal at Baylor Medical Center at Uptown is to provide our patients with the highest quality health care. One of the best ways to do this is to ask our patients what we are doing right and what may need improvement. The enclosed survey asks about the care you received during your hospital stay that ended on the date listed above. By sharing your thoughts and feelings, you can help us improve the care we provide. Please take a few minutes to complete the survey and return it in the postage-paid envelope.

Questions 1–25 are part of a national initiative sponsored by the United States Department of Health and Human Services to measure the quality of care in hospitals. The overall results will provide comparisons on issues of hospital care that are important to all consumers.

Your answers may be shared with the hospital for quality improvement and may be used for research purposes. The number on the bottom of the survey is used to tell us if you returned the survey so we don't send you reminders.

Thank you in advance for completing this survey. Your participation is voluntary and will not affect your health benefits. If you have any questions about this survey, please call 877-842-2477. For other questions about your hospital stay, please call 214-443-3000.

Sincerely,

A handwritten signature in black ink, appearing to read "Matt Chance".

Matt Chance, FACHE
Chief Executive Officer

8503-5-1stwave



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938–0981. The time required to complete this information collected is estimated to average 8 minutes for questions 1–25 on the survey, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1–25–05, Baltimore, MD 21244–1850.

Return to: 710 Rush Street, South Bend, IN 46601

280-07009-2539-01