



Please use the enclosed envelope
and mail the completed survey to:
NRC Health
Survey Processing Center
PO BOX 82660
Lincoln, NE 68501-2660
1-800-733-6714

Alpha Hospital

Dear Family Member,

Thank you for choosing Alpha Hospital for your loved one's healthcare services. To provide the best possible care for our residents, we hope to learn more about what residents, family members and other involved individuals experience and how we can improve the quality of our care.

Below you will find a personalized link to a survey asking about your experiences. You are not required to participate, and whether or not you choose to participate, your family member's care at Alpha Hospital will not be affected. Your participation in this survey will be very helpful to us and to future residents.

To make this process as easy for you as possible, you may pick from one of two options to complete this survey:

1. Complete the questionnaire online by going to the website and using the access code below. The access code has been assigned exclusively to you, so please do not share it with others.

Website: <http://nrc.to/GHCASNFFamily>
Access Code:

2. OR complete the attached questionnaire and mail it directly using the postage-paid envelope enclosed.

Please take a few moments to complete the survey. An independent survey company, NRC Health, will receive and analyze the results.

Sincerely,

Alpha Hospital