

**Official ICH CAHPS Envelope –
for both prenotification letters and survey packages**



Centers for Medicare & Medicare Services
7500 Security Boulevard, Mail Stop C1-25-05
Baltimore, MD 21244-1850

**IMPORTANT INFORMATION
FROM MEDICARE**

FIRST-CLASS MAIL
U.S. POSTAGE
TEMPLATE
PERMIT NO. XX

(Address/Change/Return/Electronic) Service Requested

[Insert Patient Name]
[Insert Patient Address]