

Appendix N
Informational Flyer

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Please give us feedback about your family member's hospice experience.

In the next few weeks, you may be asked to complete a survey about your family member's hospice care. The survey asks about the hospice services that patients and their families receive. We realize this may be a hard time for you, but we hope that you will help us learn about the quality of care that you and your family member received.

If you receive a survey in the mail, by email, or receive a phone call from **[VENDOR NAME]**, please take a few minutes to share your and your family member's experience with our hospice.

Your answers will help us improve the quality of our care and help others choose a hospice. Your participation in the survey is voluntary.

We're sorry for your recent loss. Thank you in advance for your feedback.

[INSERT HOSPICE
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[INSERT VENDOR
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