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To: All Sharp Health Plan-affiliated providers

Attn: Staff and providers who interact with Sharp Health Plan

From: Sharp Health Plan

Date: Wednesday, July 8, 2020
Subject: We'd love to hear from you

Dear Provider Partner:

We are always looking to improve our service, and we value your feedback. Last month, you received an invitation to participate in the Sharp Health Plan Experience Survey. We noticed that you haven't responded yet. Don't worry, there's still time!

Please take this important survey by Friday, **July 17**, **2020**. It takes less than five minutes to complete. Simply access the survey link below (case-sensitive) with your PC or mobile device:

https://bit.ly/2AZe7Sw

You will be asked to enter a secure password to access your personal survey. **Your unique password is NPI@shp.com with your unique NPI.** For example, **0123456789@shp.com** — we value your feedback, which is why your responses will remain confidential.

Thank you for your participation. We look forward to hearing from you.

Your partner in health,

Sharp Health Plan