Hospice Care Eligibility Notification

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We are writing to inform you of your eligibility for hospice care services. After careful evaluation by our healthcare team, we have determined that you meet the criteria for hospice care, which focuses on providing comfort and support to patients with a life-limiting illness.

Your eligibility for hospice care provides you access to a variety of services, including:

- Comprehensive pain and symptom management
- Emotional and spiritual support for you and your family
- Assistance with daily living activities
- Coordination of care among healthcare providers

To accept these services, please contact our office at [Contact Information]. We are here to help you through this process and answer any questions you may have.

Thank you for allowing us to serve you during this time.

Sincerely,

[Your Name]

[Your Title]

[Hospice Organization Name]

[Contact Information]