

Hospice Care Financial Arrangements

Date: [Insert Date]

To: [Recipient's Name]

Address: [Recipient's Address]

Dear [Recipient's Name],

We appreciate your decision to choose our hospice care services for your loved one, [Patient's Name]. We understand that navigating financial arrangements for hospice care can be overwhelming, and we are here to assist you every step of the way.

Financial Arrangements

Please find below an outline of the financial arrangements related to your hospice care services:

- **Payment Options:** [List payment options such as Medicare, Medicaid, Private Insurance, Self-Pay]
- **Service Fees:** [Detail the typical fees for services provided]
- **Co-Pay and Deductibles:** [Explain any co-payments or deductibles that may apply]
- **Financial Assistance:** [Information about available financial assistance programs]

Contact Information

If you have any questions or need further assistance regarding your financial arrangements, please do not hesitate to contact us at:

Phone: [Insert Phone Number]

Email: [Insert Email Address]

Thank you for entrusting us with your hospice care needs. We are committed to providing compassionate care and support during this time.

Sincerely,

[Your Name]

[Your Title]

[Hospice Care Facility Name]

[Facility Address]