

Hospice Care Services Agreement

Date: [Insert Date]

To: [Client's Name]

Address: [Client's Address]

Dear [Client's Name],

This letter outlines the agreement between [Hospice Organization Name] and [Client's Name] regarding the provision of hospice care services. We are committed to providing compassionate and quality care to you and your loved ones during this time.

Scope of Services

- Comprehensive nursing care.
- Emotional and spiritual support.
- Medical social services.
- Home health aide services.
- Respite care for family members.

Duration of Agreement

The services will commence on [Start Date] and will continue until [End Date], at which point this agreement may be reviewed and extended if necessary.

Payment Terms

[Insert payment details, insurance coverage, and any out-of-pocket expenses expected from the client.]

Termination

This agreement may be terminated by either party with a written notice of [XX] days.

We look forward to providing you with the highest level of care. Please sign below to confirm your acceptance of this agreement.

[Client's Name]

[Representative's Name]

[Hospice Organization Name]

Thank you for choosing [Hospice Organization Name].

Sincerely,

[Your Name]

[Your Title]

[Hospice Organization Name]

[Contact Information]