

Hospice Care Transition Notification

Date: [Insert Date]

Dear [Recipient's Name],

We hope this letter finds you well. We are writing to inform you about the upcoming transition in your hospice care services. As you know, effective and compassionate care is our top priority, and we are committed to ensuring a seamless transition during this time.

Transition Details:

Current Service Provider: [Current Provider Name]

New Service Provider: [New Provider Name]

Effective Date of Transition: [Date]

What to Expect:

Your care will continue without interruption. The new team will be reaching out to you to schedule an introductory meeting within the first week of the transition. They will review your care plan and answer any questions you may have.

Contact Information:

If you have any questions or concerns regarding this transition, please do not hesitate to reach out to us at:

Phone: [Provider Phone Number]

Email: [Provider Email]

Thank you for allowing us to serve you during this important time. We are here to support you every step of the way.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]