

Hospice Care Eligibility Communication

Date: **[Date]**

To: **[Interdisciplinary Team Members]**

From: **[Your Name]**

Subject: Hospice Care Eligibility Determination for Patient **[Patient Name]**

Dear Team,

This letter serves to communicate the determination of hospice care eligibility for our patient, **[Patient Name]**, based on the recent interdisciplinary evaluation conducted on **[Date of Evaluation]**.

Eligibility Criteria Assessment:

- **Diagnosis:** [Diagnosis] - [Brief description of condition]
- **Prognosis:** Estimated life expectancy of **[Timeframe]**.
- **Symptom Management:** Current symptoms include [list symptoms] and are assessed as [severity].
- **Patient and Family Needs:** [Summary of patient and family needs, including emotional and spiritual support]

Based on these assessments, **[Patient Name]** qualifies for hospice care services as they meet the criteria defined by [relevant guidelines or regulations]. This recommendation is made with the understanding that the focus will be on providing comfort and enhancing the quality of life during this time.

Please take note of the plan moving forward:

1. Initiate hospice care services effective **[Start Date]**.
2. Coordinate with **[Hospice Care Provider]** for seamless transition.
3. Schedule follow-up interdisciplinary team meetings to assess care effectiveness.

Thank you for your continued collaboration in providing compassionate and comprehensive care for our patient.

Best regards,

[Your Name]

[Your Title]

[Your Contact Information]