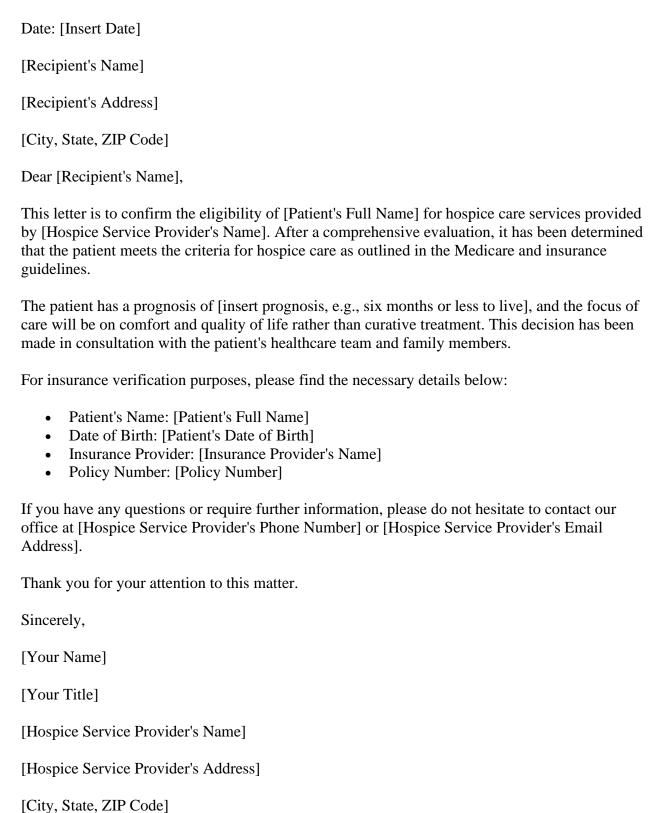
Hospice Care Eligibility Confirmation



[Phone Number]

[Email Address]