

Hospice Care Eligibility Inquiry

Date: [Insert Date]

[Provider's Name]

[Provider's Title]

[Provider's Organization]

[Provider's Address]

[City, State, Zip Code]

Dear [Provider's Name],

I am writing to inquire about the eligibility for hospice care for [Patient's Name], who has been diagnosed with [specific diagnosis]. Given their current condition and prognosis, we are considering hospice services to provide comprehensive support.

Could you please provide information regarding the criteria for hospice eligibility, including any specific documentation or assessments required? Additionally, if possible, I would appreciate your insights on the expected timeline for eligibility determination.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]