

Hospice Care Eligibility Notification

Date: [Insert Date]

Dear [Family Member's Name],

We are writing to inform you about the eligibility status of [Patient's Name] for hospice care. After a comprehensive evaluation of [his/her/their] current medical condition and treatment preferences, we are pleased to inform you that [he/she/they] meets the criteria for hospice care services.

Hospice care focuses on providing comfort and support to individuals diagnosed with a terminal illness. Our dedicated team will work collaboratively to address the physical, emotional, and spiritual needs of both [Patient's Name] and your family during this difficult time.

Here are some key details regarding the hospice services available:

- Personalized care plan tailored to [Patient's Name]'s needs.
- A team of healthcare professionals available 24/7.
- Support for family members including counseling services.
- Access to pain management and symptom control.

We invite you to meet with our hospice team for further discussions and to answer any questions you may have. Please feel free to contact us at [Phone Number] or [Email Address] to schedule an appointment.

Thank you for allowing us to be a part of this journey with you and [Patient's Name]. We are here to support you every step of the way.

Warm regards,

[Your Name]

[Your Title]

[Hospice Organization Name]

[Contact Information]