

Hospice Care Eligibility Review

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Subject: Hospice Care Eligibility Review for Ongoing Treatment Plans

Dear [Patient's Name],

We are writing to inform you that it is time for the periodic review of your eligibility for hospice care services. Your ongoing treatment plan and current health status will be assessed to ensure that we continue to meet your needs effectively.

The eligibility criteria for ongoing hospice care includes:

- Diagnosis of a terminal illness with a prognosis of six months or less.
- Focus on comfort and quality of life rather than curative treatment.
- Consent to obtain hospice services and an update on current treatment plans.

To facilitate this review, we kindly ask you to provide the following information:

- Recent medical records
- Updates on any changes in your health status
- Your current treatment plans and medications

Please submit the required information by [Insert Deadline] to ensure that there is no interruption in your care services. You may contact our office at [Insert Phone Number] or [Insert Email Address] should you have any questions or need assistance.

Thank you for your cooperation, and we are here to support you every step of the way.

Sincerely,

[Your Name]

[Your Title]

[Hospice Organization Name]

[Contact Information]