[Add Hospice Logo]

September 11, 2019

To the office of Dr. [Physician’s Name]

Per your request and/or approval, we have assumed care for your patient [Patient’s Name], effective [Date of Hospice Enrollment].

It is an honor and privilege to help care for your patient in their journey. If you have any questions, concerns, or would like any further information, please do not hesitate to call our office at [Hospice Phone N­umber].

In the event that your patient passes away, we will notify your office in a timely manner. Thank you for the opportunity to provide excellent hospice care.

Sincerely,

[Hospice Contact Information]