

<Date>

RE: Hospice Consideration Request

Dear Dr. <Last name of Physician>:

Your patient <insert first name> <insert last name> has been identified as a potential candidate for hospice care. In accordance with Section 1861(ee)(2)(D) of the Social Security Act (SSA), all patients meeting the requirements for hospice must be offered the option of hospice as part of their discharge planning. This is a best practice for commercial patients as well as Medicare patients.

As the physician, you are in a vital position to help decide the next steps or treatment phase for your patient. Since you are the person on whom your patient relies and most trusts for medical advice, it is very important that your patient learn about treatment options from you. It will also help the patient and the patient's family feel more comfortable with hospice if they have already discussed treatment options with you.

To assist you with your discussion of hospice as one of the options for your patient, we have enclosed *Criteria for Hospice Appropriateness*. Please do not hesitate to contact me if you have any questions.

Thank you.

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Print name of social worker/case manager

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Signature

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(Telephone or pager number)

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Print name of attending nurse

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Signature of attending nurse

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(Telephone or pager number)

Enclosures (2)