

[Date]

[Name of Medical Director/Clinic Manager]

[Clinic Name]

[Clinic Address]

[City, State, Zip Code]

Re: Partnership Proposal for End-of-Life Care Coordination

Dear [Name of Contact],

My name is [Your Name] and I am the [Your Title] at [Hospice Agency Name]. We have long admired [Clinic Name]'s commitment to providing high-quality primary care to the [Local Area] community. We are writing to propose a formal partnership to enhance the continuum of care for your patients facing terminal illnesses.

At [Hospice Agency Name], we specialize in providing compassionate, interdisciplinary care that focuses on pain management, emotional support, and spiritual comfort. By partnering with us, your clinic can ensure that patients transitioning to end-of-life care receive:

- 24/7 clinical support and symptom management.
- Coordinated transitions of care to reduce hospital readmissions.
- Dedicated social workers and chaplains for patient and family support.
- Respite care and bereavement services.

We would appreciate the opportunity to meet with you or your clinical lead to discuss how our services can complement your existing practice and support your patients' goals of care. We are also happy to provide educational in-service sessions for your staff regarding hospice eligibility and Medicare benefits.

I will follow up with your office next week to see if we can schedule a brief introductory meeting. In the meantime, please feel free to contact me directly at [Phone Number] or [Email Address].

Thank you for your time and for all you do for our community.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]

[Hospice Agency Name]