


SAMPLE

Letters of Concern

A certified letter of concern should be completed with the following components:

1. Letter voicing concern about missed treatments: (has to be more than 30 days)
 - Include date of last treatment
 - Genuine concern for the patient
2. Offer of other clinics that could possibly service patient
 - Offer facilities **outside and inside** of YOUR company
 - Encourage the use Medicare Dialysis Facility Compare (DFC) website
 - <https://www.medicare.gov/dialysisfacilitycompare/>
3. Hospice
 - Offer as an option should patient choose not to continue treatment
 - Provide at least 3 companies to adhere to Medicare guidelines
4. Offer a deadline for patient to return to clinic
 - Encourage patient to seek Emergent dialysis care at local hospital (s)
5. Offer additional resources
 - I.e. Transportation, mental health, etc.
 - Via 211 Texas,
 - www.211texas.org
 - Behavioral Health Treatment locator
 - <https://www.findtreatment.samhsa.gov/>

Example of 1st Letter 

Example of 2nd Letter 