

Home Health Face-to-Face Encounter

Patient (DOB, Agency MRN):

Episode Effective Date:

I certify that this patient is under my care and that I, or a nurse practitioner or physician's assistant working with me, had a face-to-face encounter that meets the physician face-to-face encounter requirements with this patient on:

The encounter with the patient was in whole, or in part, for the following medical condition, which is the primary reason for home health care:

I certify that, based on my findings, the following services are medically necessary home health services (Check all that apply):

Nursing Physical therapy Speech therapy Occupational therapy

To provide the following care/treatments:

Regarding the above condition(s), my clinical findings support the need for services because:

Further, I certify that this patient is homebound - requiring considerable and taxing effort to leave home - due to the above condition(s) because:

Based on the above findings, I certify that this patient is confined to the home and needs intermittent skilled nursing care, physical therapy and /or speech therapy or continues to need occupational therapy. The patient is under my care, and I have initiated the establishment of the plan of care. This patient will be followed by a physician who will periodically review the plan of care.

Date Signed