CMS-485: Home Health Certification and Plan of Care

1. Patient HI Claim No.

2. Start of Care Date

3. Certification Period From/To

4. Medical Record No.

5. Patient Name (Last, First, MI)

6. Patient Address

7. Provider Name/Address

11. ICD-10 Principal Diagnosis

10. Medications

21. Orders for Discipline and Treatments

22. Goals/Rehabilitation Potential

23. Nurse Signature

24. Date Signed

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