



Documentation of Face-to-Face Encounter

Patient name and Identification BETTY BANKS

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: (insert date that visit occurred)

02 03 2014
Month Day Year

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: (List medical condition)

uncontrolled HTN, DM II, schizophrenia

I certify that, based on my findings, the following services are medically necessary home health services:

- ☒ Nursing
- ☐ Physical Therapy
- ☐ Occupational Therapy
- ☐ Speech-language Pathology
- ☐ Home health aide
- ☐ Medical Social Work

Patient is mentally challenged and doesn't drive. Pt doesn't have PCP. She requires to have home health for 6 months.

To provide the following care/treatments: (Required only when the physician completing the face to face encounter documentation is different than the physician completing the plan of care):

My clinical findings support the need for the above services because:

Patient needs to have her vital signs and DFS routinely checked

Further, I certify that my clinical findings support that this patient is homebound (i.e. absences from home require considerable and taxing effort and are for medical reasons or religious services or infrequently or of short duration when for other reasons) because

Patient is mentally challenged and can't go to the doctor office

Physician's Signature Stok

Printed Name _____ Date of Signature _____