



2925 Skyway Circle North, Irving, TX 75038,
Tel: 972 675 7313 Fax : 972 675 7310
www.texashousecalls.com email: hhsupport@texashousecalls.com

To

Type: Home Health Agency

Home Phone: 972-375-3300

Mobile: 972-375-3300

Fax: 469-420-5373

Street: 9535 forest lane suite 246 dallas tx 75243

Fax Number

469-420-5373



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Documentation of Face-to-Face Encounter

Patient name and Identification: **Billy Webster Jr, Male , DOB: 03-31-1962**

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)

06-20-2016

Patient Home Bound or Can't Drive: **YES**

Is Home Health Care Needed: **YES**

Does Patient have reliable other Primary Care Physician: **NO**

Is House Visit Needed: **YES**

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)

**Diabetes , Hyperlipidemia , Hypertension , Mobility Impairments ,
Arthritis, lupus, chronic pain, gout**

Next Visit Duration (in days): **31**

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

Nursing Required: **YES**

Physical Therapy: **NO**

Occupational Therapy Required: **NO**

Speech-language Pathology Required: **NO**

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:

Skilled nursing needed due to complex disease and patient lack of knowledge on how to manage the disease process and medication administration.skilled nursing needed to assess and observe patient condition and medication administration.

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 gets fatigued easily, shortness of breath, poor balance and abnormal gait. Patient wears a boot on left leg for support. Patient at increased risk for falls.

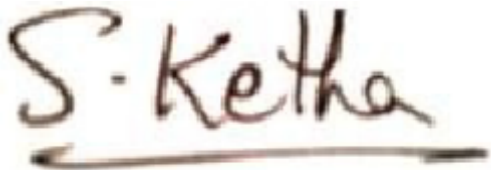
Nurse Practitioner: Electronically Signed by: **Darolyn Perkins** On **2016-06-20 at 03:19**

NP Signature

A handwritten signature in black ink that reads "Darolyn Perkins APRC". The signature is written in a cursive, flowing style.

Physician: Electronically Signed by: **Sumana Ketha MD** On **2016-06-27 at 03:19**

Physician Signature:

A handwritten signature in black ink that reads "S. Ketha". The signature is written in a bold, cursive style with a horizontal line underneath the name.