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To

Type: Home Health Agency

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Street: 2301 Forest Lane

City: Garland

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972-494-2331



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Documentation of Face-to-Face Encounter

Patient name and Identification: **Jacqueline Brown, Female , DOB: 10-05-1966**

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)

04-13-2016

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 and **HOW LONG:** (List medical condition)

Anemia , Asthma , Bipolar , Depression , Diabetes , Heart Failure , Hyperlipidemia , Hypertension , Schizophrenia ,

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 schizophrenia and inability to self medicate

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 home bound due to schizophrenia. Patient experience periods of confusion and is unsafe to leave home alone.

Nurse Practitioner: Electronically Signed by: **Derrick Love-Jones** On **2016-04-13 at 06:58**

NP Signature

A handwritten signature in black ink, appearing to read 'D Love-Jones', with a stylized, flowing script.

Physician: Electronically Signed by: **Sumana Ketha MD** On **2016-04-18 at 06:58**

Physician Signature:

A handwritten signature in brown ink, reading 'S. Ketha', with a horizontal line drawn underneath the name.