2695 VILLA CREEK DRIVE #105 DALLAS, TEXAS 75234 PHONE: 972-681-7777 ♦ FAX: 972-681-7779

FAX COVER SHEET

To: Sumana, Ketha	SUBJECT: VIIII PIHC
FROM: AMY	# OF PAGES (including cover)
DATE: 3 4 14	FAX: 972-675-7310
	RETURN FAX: 972-681-7779

Thank you [©]

Please make Sure you fill out the Clinical findings and return asap.

PRIVACY STATEMENT

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Integrity Home Care Services Inc

FACE-TO-FACE ENCOUNTER

2695 Villa Creek Dr Suite 105 Dallas TX 75234-7310

Phone: 972-681-7777 Fax: 972-681-7779

Patient's Name : Bl	ILLY PITTS		MRN: MCR8474	DOB : 08/26/1941
Physician Name :	SUMANA KETHA			
Name of Physician that conducted Face to Face				
Physician Address	: 2925 SKYWAY CIR IF	RVING TX 750385960		managamang storrey had silikulaksi kalanga managamang pagangang pagang kanalaksi kalanga saka da da da da bisa
POC Certifying F	Physician	Non POC Certifying Physician		
Face-to-Face Encor	unter Date:	SOC Date : -30-14	Episode : \/3	0/14-3/20/14
Applies to all patients (including re Care Date.	-admitted patients) with a SOC on or aft	ter Jan 1, 2011, The Face-to-Face Encounter must occur	r within 90 days prior to the Start of Can	Date, or within 30 days after the Start of
Clinical Findings : (medical condition must rela	nte to the primary reason for home healt	th care and support home b	ound status)
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I hereby certify that be medically necessary.	ased on my clinical findii (Mark all that apply)	ngs, the patient is homebound and	d the following home he	alth services are
Skilled Nursing	Therapy	Other Services		
/ Physician Signature	S COMMISSION CONTRACTOR AND THE REAL PROPERTY OF THE PROPERTY	Signature Date :		