

**INTEGRITY HOME CARE SERVICES, INC.**

2695 VILLA CREEK DRIVE #105

DALLAS, TEXAS 75234

PHONE: 972-681-7777 ♦ FAX: 972-681-7779

FAX COVER SHEET

TO: Sumana, Ketha	SUBJECT: Billy Pitts
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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FACE-TO-FACE ENCOUNTER

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

DOB : 08/26/1941

Name of Physician that conducted Face to Face

Physician Address : 2925 SKYWAY CIR IRVING TX 750385960

☐ Non POC Certifying Physician

Episode : 1304-3304

Applies to all patients (including re-admitted patients) with a SOC on or after Jan 1, 2011. The Face-to-Face Encounter must occur within 90 days prior to the Start of Care Date, or within 30 days after the Start of Care Date.

Clinical Findings : *(medical condition must relate to the primary reason for home health care and support home bound status)*

I hereby certify that based on my clinical findings, the patient is homebound and the following home health services are medically necessary. **(Mark all that apply)**

☐ Other Services

Physician Signature :

Signature Date :