

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

Documentation of Face-to-Face Encounter

Patient name and Identification Ham Dak
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)
7 3 2014
Month Day Year
Is Patient Home Bound or Can't Drive (Circle your choice) (Y) N
Is Home Health Care Needed (Circle your choice) N
Does Patient have reliable other Primary Care Physician (Circle your choice) Y N
Is House Visit Needed (Circle your choice) N .
If Yes (Circle Next Visit in Days approximately) 30 60 90 Other
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)
HTV, Annte, Queldoplasina, Gunlord Join, COPP, Unun Dudice
I certify that, based on my findings, the following services are medically necessary home health services: Nursing Physical Therapy Occupational Therapy Speech-language Pathology
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:
SN needed due to Oucoddiplayia and had bound.
intendiction in land in the state of an interest to
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
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 Attention Would Dound And Manuel Considerable of the taxing effort and are for medical reasons or religious services or infrequently or of short duration when for other reasons) because Attention to the property of the taxing effort and are for medical reasons or religious services or infrequently or of short duration when for other reasons) because
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
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 Attention Would Dound And Manuel Considerable of the taxing effort and are for medical reasons or religious services or infrequently or of short duration when for other reasons) because Attention to the property of the taxing effort and are for medical reasons or religious services or infrequently or of short duration when for other reasons) because
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 Attent is Nowl Bound and requires Considerable effort to Level Mome deleto no veniele for transportation