



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
Work Phone: 214-660-8828
Email: goodhealthsvinc@aol.com
Fax: 214-660-8083

Fax Number

214-660-8083



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Documentation of Face-to-Face Encounter

Patient name and Identification: **Zula Clewis, Female , DOB: 09-19-1925**

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)

10-18-2016

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)

**COPD,Hyperlipidemia,Hypertension,Mobility Impairments
Neuropathy**

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: **YES**

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):

START PT

My clinical findings support the need for the above services because:

Skilled nursing needed due to mobility impairment/chronic pain 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 mobility impairment and chronic pain. Patient is weak with poor balance and an increase risk for falls.

Nurse Practitioner: Electronically Signed by: **Derrick Love-Jones** On **2016-10-18 at 02:53**

NP Signature:

A handwritten signature in black ink, appearing to read 'D Love-Jones', written over a light blue background.

Physician: Electronically Signed by: **Sumana Ketha MD** On **2016-10-25 at 02:53**

Physician Signature:

A handwritten signature in black ink, appearing to read 'S. Ketha', written over a light blue background.

