



2925 Skyway Circle North, Irving, TX 75038,
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To

Type: Home Health Agency

Name: LATÀRSHA SIMON

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Street: 2351 Northwest Hwy. Ste 2135

City: Dallas

Fax Number

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Documentation of Face-to-Face Encounter

Patient name and Identification: **Thelma King, Female , DOB: 10-23-1948**

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)

08-11-2016

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)

Mobility Impairments , Chronic Kidney Disease , Hyperlipidemia , Hypertension , Diabetes , Cellulitis

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):

Receiving tid treatment to legs for eschar on lower extremities.

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

Skilled nursing needed due to cellulitis and 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 cellulitis and chronic pain. Patient is weak with poor balance and at

risk for fall.

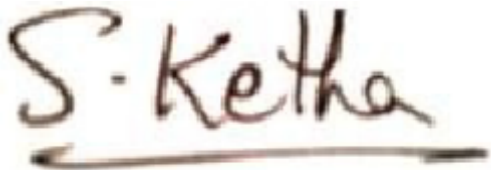
Nurse Practitioner: Electronically Signed by: **Darolyn Perkins** On **2016-08-11 at 08:47**

NP Signature:

A handwritten signature in black ink that reads "Darolyn Perkins APRC". The signature is written in a cursive, flowing style.

Physician: Electronically Signed by: **Sumana Ketha MD** On **2016-08-12 at 08:47**

Physician Signature:

A handwritten signature in black ink that reads "S. Ketha". The signature is written in a bold, cursive style with a horizontal line underneath the name.