



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: 972-494-5444

Email: pjackson@emrickhhs.com

Fax: 972-494-2331

Street: 2301 Forest Lane

City: Garland

Fax Number

972-494-2331



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Documentation of Face-to-Face Encounter

Patient name and Identification: **Garland Woodard, Male , DOB: 07-01-1966**

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)

04-27-2016

Patient Home Bound or Can't Drive: **YES**

Is Home Health Care Needed: **YES**

Does Patient have reliable other Primary Care Physician: **YES**

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 and **HOW LONG:** (List medical condition)

Acquired Hypothyroidism , Diabetes , Hyperlipidemia , Hypertension , Osteoporosis ,

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:

Occupational Therapy Required:

Speech-language Pathology Required:

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:

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 chronic pain. Patient is weak with poor balance and at risk for falls.

Nurse Practitioner: Electronically Signed by: **Derrick Love-Jones** On **2016-04-27 at 00:58**

NP Signature

A handwritten signature in black ink, appearing to read 'D Love-Jones', with a stylized, flowing script.

Physician: Electronically Signed by: **Sumana Ketha MD** On **2016-05-03 at 00:58**

Physician Signature:

A handwritten signature in black ink, reading 'S. Ketha', with a horizontal line drawn underneath the name.