PHYSICIAN DOCUMENTATION OF FACE TO FACE ENCOUNTER

Patient Name: _____ **DOB** _____

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 requirement:
Date of Face to Face Encounter: _____ **/** _____ **/** _____

1) **Medical Condition Related to Home Health Services:**
   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 associated medical diagnosis)**:

   _____

   _____

2) **Certification of Medical Necessity:**
   I certify based on my clinical findings that the following services are medically necessary home health services, check all that apply and support the need for each service requested.
   SN for: _____
   PT for: _____
   OT for: _____
   Other: _____

3) **Certification of Homebound Status:**
   My clinical findings from this encounter support the patient is homebound (e.g. absences from the home require considerable and taxing effort, are for medical or religious reasons or infrequent or short duration when for other reasons) because: **Brief specific statement required which supports patient's homebound status.**

   Limited mobility, weakness or impaired endurance due to: _____
   Medical restriction due to: _____
   Safety restriction due to: _____
   Other: _____

   The patient is under my care, and a plan of care has been established. This patient will be followed by a physician who will periodically review the plan of care.

Physician Signature: _____ **Date of Signature:** _____
Must be Attending, Specialist or PCP

Physician Printed Name: _____