

Documentation of Face to Face Encounter

Patient's Name: _____ MD Name: _____
MR #: _____ UPIN No. _____
Medicare #: _____ DOB: _____ NPI: _____ phone: _____
Address: _____

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):

Month Day Year Primary Diagnosis

The encounter with the patient, diagnosis, was in whole, or in part, for the following medical condition, which is the primary reason for home health care (List medical condition):

I certify that, based on my findings, the following services are medically necessary home health services (Check all that apply):

- Nursing Services
- Therapy Services: Physical Occupational Speech Respiratory
- Home Health Aide

Services to be provided: _____

Referred to the Home Health Agency: _____

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:

Physician Signature _____

Date of Signature _____