

Skilled Home Care Face to Face Encounter

Patient Name: _____ Date of Birth: _____

I certify that this patient is under my care and that I, or an approved non-physician (PA, NP, CNS) working with me had a face to face encounter with the patient.

Date Patient Was Seen: _____

The encounter was in whole, or in part, for the following medical condition which is the primary reason for home health care. (List all medical conditions as well as the reason this requires skilled services in the home.)

My findings support the fact the patient is homebound as defined in CMS Chapter 7 Medicare Benefits Manual 30.1.1. "The condition of the patient is such that there exists a normal inability to leave home and consequently leaving home would require a considerable and taxing effort."

Based on the clinical findings of this encounter, the following services are medically necessary.

Skilled Nursing Physical Therapy Occupational Therapy Speech Therapy

As the patient's physician, I certify the need to initiate skilled home care services. It is my expectation that the home care agency will contact the Primary Care Physician for continuing orders and follow up with this patient after the initial start of care in the home.

Physician Name (Printed): _____ Date: _____

Physician Signature: _____