

Face-to-Face Encounter Documentation

Patient Name (Last Name, First Name) & MRN:

Gender: DOB:

Agency Name/Branch:

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 F

/ /

Agency FAX:

Please complete, sign and return to the home health agency or therapy company. All fields are required.

Face-to-Face Visit Attestation

I certify that this patient is under my care and that I, or a nurse practitioner/clinical nurse specialist/certified nurse-midwife or physician assistant working in collaboration with me or under my supervision, had a face-to-face visit encounter that meets the physician face-to-face encounter requirements with this patient on:

Date of Visit: / / mm/dd/yyyy

Medical Condition

The encounter with the patient was directly related to the following medical condition, which is the primary reason for home health care:

Clinical Findings In Support of Patient's Eligibility

Provide a summary of clinical findings that support the patient's eligibility for home health services, including specific need for intermittent skilled nursing and/or therapy services. The Face-to-Face visit findings must be related to the primary reason for home health admission.

Statement of Homebound Status

I certify that the patient's clinical condition, as evidenced in the face-to-face encounter, supports that this patient is homebound (i.e., absences from home require considerable and taxing effort and are for medical reasons or religious services OR are infrequent or of short duration when for other reasons) due to:

Certifying Physician Name

Physician Phone:

Physician Fax:

Certifying Physician Signature

Date: / /