

Documentation of Face to Face Encounter & Order for Services

Patient Name: _____ Date of Birth _____

Date of patient encounter: _____ In-patient admit date: _____ Discharge date: _____

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

List medical diagnoses related to home care needs:

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

Skilled Nursing: MUST include initial orders for wound care, IV dressing change if not on discharge summary
To provide the following care/treatment: _____

Physical Therapy: _____
To provide the following care/treatment: _____

Other: OT ST MSW Aide
To provide the following care/treatment: _____

Describe why the patient is essentially homebound: (for Medicare patients only)

The findings from this face-to- encounter have been communicated to the patient's community physician _____ who will provide oversight of the patient's home health plan of care.

Physician Signature:** _____ Date Signed: _____

Physician Printed Name: _____

**** Medicare does not allow any non-physician practitioner signatures or stamped physician signature in home care.**