

Documentation of Face-to-Face Encounter



1. **Patient Name:** _____ 2. **Date of Birth:** _____

3. **Certification and Date of Face-to-Face Encounter.** I certify that this patient is under my care and that I, or a nurse practitioner, clinical nurse specialist, or physician's assistant working with me, had a face-to-face encounter with this patient on: _____ (Date of Encounter)

4. **Primary Diagnosis:** _____

5. **Certification of Medical Necessity.** I certify that based on my clinical findings the following services are medically necessary home health services (check all that apply):

Nursing Services PT OT ST Home Health Aide MSW

6. Certification of Homebound Status

My clinical findings from this encounter support the patient is homebound due to:

{Must meet one of two criteria to qualify for home care}

Because of illness or injury, need the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person to leave their place of residence.

and / or

Has a condition such that leaving his or her home is medically contraindicated.

{Must meet this criteria to qualify for home care}

A normal inability to leave home must exist **and** leaving home must require a considerable and taxing effort.

Physician Signature: _____

Printed Name: _____ Date of Signature: _____