



Physician's Certification of Face-to-Face Encounter

Patient's Name _____ Date of Birth _____ Sex _____ Start of Care Date _____

Patient's Medicare No. _____ Primary Physician's Name _____

NPI No. _____ Address _____ Phone _____ Fax _____

Date of MD Visit _____ (Month/Date/Year)

Primary Reasons for Ordering Home Care:

(Examples: Heart Disease, Osteoarthritis, DVT, CAD, DM, Spinal Stenosis, CVA)

MD's clinical findings to support the need for below services:

(This must be in relation the medical condition you saw the patient for on the above encounter. Write the reason that you feel the part needs home care services, for example, needs assessment and monitoring of the condition, teaching/ education related to the condition.)

Nursing for: _____

PT for: _____

OT for: _____

ST for: _____

MSW for: _____

CHHA for: _____

Homebound Reasons (Medicare requirement for home care: Patient must be homebound)

(Examples: leaving home is a taxing effort, Patient is unable to leave home unassisted or due to medical restriction, SOB with exertion, unsteady gait, cognitive impairments, poor vision, subject to infection if leaves home)

Physician Signature _____ Date _____

Physician's Printed Name _____
