

# Documentation of Face-to-Face Encounter

## 1. Patient Name and Date of Birth:

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## 2. 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)

## 3. Medical Condition Related to Home Health Services

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

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## 4. 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                       Therapy Services

My clinical findings support the need for the above services because patient requires the following services (check all that apply):

- Wound Care       IV Therapy       Medication Management       Teaching/Training  
 Other \_\_\_\_\_
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## 5. Certification of Homebound Status

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

- Leaving home requires a considerable and taxing effort
- Absences from home are infrequent, of short duration or to receive healthcare treatment
- Medically restricted due to immunosuppression, infectious illness, risk of infection or injury, or \_\_\_\_\_

Physician Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_

Physician Printed Name \_\_\_\_\_