

Home Health Specialty Services, Inc.
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PHYSICIAN FACE TO FACE ENCOUNTER

Patient:

Physician:

MR#:

Order #:

DOB:

SOC:

Episode:

POC Certifying Physician

Non-POC Certifying Physician

I certify that the above named patient is under my care and that I, or the nurse practitioner or physician's assistant working with me, had the required face-to-face encounter meeting the encounter requirements on the date below.

Face To Face Encounter Date _____

The medical reason, diagnosis, or condition related to the primary reason for home healthcare for the encounter was

Clinical findings that support the medical need for home health services and support home patient's homebound status are as follows

I hereby certify that based on my clinical findings, the patient is homebound and the following home health services are medically necessary.

Skilled Nursing

Physical Therapy

Occupational Therapy

Speech Therapy

Home Health Aide

MSW

Other _____

Physician Signature:

Date: