Heritage Complete Home Care

Medicare Face to Face Encounter Certification

Patient Name: _____

Date of Birth: _____

Physician: _____

I certify that this patient is under my care and that I, or a nurse practitioner or physician's assistant working with me, had a face to face encounter that meets the physician face to face encounter requirements with this patient on:

Date of encounter: _____
Month Day Year

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

_____ Nursing

_____ Physical Therapy

_____ Speech language pathology

The encounter was in whole, or in part for the following medical condition(s), which is the primary reason for home health care. These clinical findings support the need for the above services because:

_____

_____

_____

Further, I certify that my clinical findings support that this patient is homebound (i.e. absences from home require considerable and taxing effort, or are for medical reasons, or religious services, or are infrequent, or of relatively short duration when for other reasons) **because**:

_____

_____

_____

Physician Signature: _____

Date of Signature: _____

Please fax form to Heritage Complete Home Care - Skilled Care Division (740) 537-1180.