**Documentation of Face-to-Face Encounter**

Patient Name: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

* Face to Face Encounter (Date of last MD appointment)” \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_

 Month Day Year

* Primary diagnosis and reason for home health care services:
* Clinical findings to support the need for services:
* The following services are medically necessary home health care services:

\_\_\_\_\_Skilled Nursing

\_\_\_\_\_Physical Therapy

\_\_\_\_\_Speech Therapy

\_\_\_\_\_Occupational Therapy

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

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

Date of Signature: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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