



Physician Documentation of Face to Face Encounter

Medicare Home Health Certification

Patient Name: _____

Patient Date of Birth: _____

I, or a nurse practitioner or physician assistant working with me, had a Face to Face encounter with this patient on _____(date), during which the primary condition for home healthcare was addressed.

The following **Clinical Findings & Medical Condition** support the need for Skilled Home Health Services: _____

The patient requires skilled intermittent home healthcare services. Please describe the assessment, monitoring, teaching, evaluating, therapy, and/or assistance to be provided by homecare staff:

Clinical findings support that this patient is homebound because: Please describe the assistive device and/or assistance needed for the patient to leave the home, potential negative effect when leaving the home and/or risk to the client. _____

I certify that the above information, if not completed by me, accurately reflects the patient's condition and home health needs and that this patient is/has been under my care.

Physician Signature: _____

Physician Printed Name: _____

Date of Signature: _____