

Physician Face-To-Face Encounter

Patient Name _____

Gender Male Female

Medicare# _____

Date of Birth ____ / ____ / ____

Phone number ____ - ____ - ____

FACE-TO-FACE VISIT ATTESTATION

I certify that this patient is under my care and that I, or a nurse practitioner, clinical nurse specialist, or physician assistant working in collaboration with me or under my supervision, had a face-to-face visit that meets physician encounter requirements with this patient on:

Date of Visit ____ / ____ / ____

Certifying Physician Name

Certifying Physician Signature

Phone ____ - ____ - ____

Fax ____ - ____ - ____

Date ____ / ____ / ____

**Please complete, sign and return the completed form to Senior Allegiance Home Health Fax: 832.252.7376
Mail: 2501 Westerland Dr. Suite F-307,
Houston, TX 77063**

MEDICAL CONDITION

The encounter with the patient was directly related to the following medical condition, which is the primary reason for home health care:

CLINICAL FINDINGS IN SUPPORT OF PATIENT'S ELIGIBILITY

Provide a summary of clinical findings that support the patient's eligibility for home health service, including specific need for intermittent skilled nursing and/or therapy services. The face-to-face visit findings must be related to the primary reason for home health admission:

STATEMENT OF HOMEBOUND STATUS

I certify that the patient's clinical condition, as evidence in the face-to-face encounter, supports that this patient is homebound (i.e., absences from home require considerable and taxing effort and are for medical reasons or religious services OR are infrequent or of short duration when for other reasons) due to: