



Central Healthcare, Inc.
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MD Certification for Patient's Face to Face Encounter For Home Health Care Services

Patient Name: _____ DOB _____

Medicare No. _____

I certify that this patient is under my care and that I, or 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 : (Insert date that visit occurred): _____

The encounter with the patient was in whole, or in part, for the following medical condition, which is the primary reason for home health care (List medical conditions): _____

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

- Nursing
- Physical Therapy
- Occupational Therapy
- Speech Language Pathology
- Medical Social Worker

My 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 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: _____