



4751 S. Central Ave., Chicago, IL 60638
Tel: (708) 924-0500 | Fax: (708) 924-0501
www.centralhealthcare.org

**FACE TO FACE ENCOUNTER AND
PHYSICIAN CERTIFICATION FOR HOME HEALTH SERVICES**

Patient Name: _____
Date of Birth: _____

FACE TO FACE ATTESTATION:

I, or nurse practitioner/ physician assistant working with me, had a face-to-face encounter with this patient on, which meets the physician face-to-face encounter requirement: _____

MEDICAL CONDITONS:

The encounter with the patient was, in whole or in part, for the following medical conditions:

CLINICAL FINDINGS:

Based on my clinical findings, the following services are medically necessary home health services listed below:

	This service is medically necessary because:
<input type="checkbox"/> Intermittent Skilled Nursing Care	
<input type="checkbox"/> Physical Therapy	
<input type="checkbox"/> Continuing Occupational Therapy	
<input type="checkbox"/> Speech Therapy	
<input type="checkbox"/> Medical Social Worker	

STATEMENT OF HOMEBOUND STATUS:

As evidenced in the encounter, the patient's clinical condition supports that this patient is homebound:

PHYSICIAN CERTIFICATION:

I certify that the patient is homebound and needs medically necessary home health services indicated above. This patient is under my care and I have initiated the establishment of and will periodically review the plan of care.

I have provided Central Healthcare, Inc. with additional information to support the patient's homebound status and need for skilled care. (examples of the information could include physician progress notes, discharge summaries, history and physical forms, operative reports, referral orders, etc.)

Physician Signature/ Credentials

Date

Printed Name



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PHYSICIAN ORDER TO START HOME HEALTH SERVICES

Patient Name: _____ Date of Birth: _____
Address: _____
Phone Number: _____ Insurance and Member ID: _____

Physician's Name: _____ NPI: _____
Address: _____
Phone Number: _____ Fax Number: _____

Please admit to Central Healthcare, Inc. Date: _____

Skilled nursing to do total systems assessment and notify physician of any unusual changes in patient's condition. Sn to instruct patient/caregiver on disease process, treatment plan, dietary//fluid restrictions, medications, safety measures and activities. Assess patient/caregiver's coping skills and learning abilities and assess need for community resources.
Visit frequency: _____

Physical therapist to perform initial evaluation, establish a rehab program, educate patient/caregiver on therapeutic exercise, transfers, balance training and ambulation techniques. Instruct on bed mobility and functional mobility as well as safe/effective use of assistive device.
Visit frequency: 1 day 1, evaluation and initial management

Occupational therapist to perform initial evaluation, establish a rehab program, establish home exercise focusing on ads. Perform prosthetic/orthotic assessment and management. Responsible for assistance in psychosocial area. Establish strategies in managing perceptual deficits.
Visit frequency: 1 day 1, evaluation and initial management

Speech therapist to treat patient with communications disorders. Performs assessment and creates a treatment plan for written and oral disorders.
Visit frequency: 1 day 1, evaluation and initial management

Other services:

MSW to assist patient with counseling/support system, financial assistance, community resource planning, homemaker service meals on wheels transportation legal aid housing SNF placement pharmaceutical assistance other _____
Visit frequency: 1 day 1

Home health aide to do hands on personal care and assist patient in grooming, dressing, bathing, toileting, transferring, ambulating, feeding, getting ready for transport and light housekeeping.
Visit frequency: _____

Estimated length of time home health services will be needed: 9 weeks

Physician Signature/ Credentials

Date

Printed Name