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Documentation of Face to Face Encounter & Order for Services

Patient Name: Date of birth

Date of patient encounter: In-patient admit date: Discharge date:

Home Health Start of Care date:

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

List medical diagnoses related to home care needs:

Form with two horizontal lines for listing medical diagnoses.

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

Skilled Nursing: MUST include initial orders for wound care, IV, medications, treatment and care if not provided in other documents

To provide the following care/treatment:

Physical Therapy:

To provide the following care/treatment:

Other: OT ST MSW Aide

To provide the following care/treatment:

Describe why the patient is essentially homebound: (for Medicare patients only)

Form with three horizontal lines for describing why the patient is homebound.

The findings from this face-to-face encounter have been communicated to the patient's community physician who will provide oversight of the patient's home health plan of care.

Physician Signature: ** Date Signed:

Physician Printed Name:

** Medicare does not allow any non-physician practitioner signatures or stamped physician signature in home care.