



Jefferson County
PUBLIC HEALTH SERVICE

Public Health Facility, 531 Meade Street, Watertown, New York 13601

Documentation of Face to Face Encounter for Home Care

Patient Name and Identification (DOB or Medicare #) (If not elsewhere on this page)

I certify that this patient is under my care and that I, or a 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 full date that visit occurred) :

Month	Day	Year
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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 condition):

I certify that, based on my findings, the following home health services are medically necessary.

Check all that apply:

Skilled Nurse	<input type="checkbox"/>	Speech/Language Pathology	<input type="checkbox"/>
Physical Therapy	<input type="checkbox"/>		<input type="checkbox"/>

The above services will provide the following care/treatments: (Required only when the physician completing the face to face encounter documentation is different that the physician completing the plan of care):

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 & taxing effort & are for medical reasons, religious services or infrequently or of short duration when for other reasons) because:

Physician Signature: _____

Date of Signature: _____

Physician Printed Name: _____

Please fax completed form to 315-786-3751. Thank You.