Jefferson County Public Health Service  
531 Meade Street  
Watertown, NY 13601  
(315) 786-3770

Documentation of Face to Face Encounter for Home Care

Patient Name and Identification: (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 date that visit occurred):

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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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 services are medically necessary home health services (Check all that apply):

- Nursing
- Physical therapy
- Speech language pathology
- MSW
- Home Health Aide
- Occupational therapy

To provide the following care/treatments: (Required only when the physician completing the face to face encounter documentation is different than the physician completing the plan of care):

Name of physician that will provide care in the community:

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 _____________________________

Please fax completed form to (315) 786-3751. Thank you.