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):

_____

Month Day Year

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 _____MSW ____Telehealth
_____Physical therapy _____Home Health Aide
_____Speech language pathology _____ 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 <u>because</u>:

_____
_____
_____

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 <u>or</u> infrequently or of short duration when for other reasons) <u>because</u>:

_____
_____

Physician Signature _____

Date of Signature_____

Physician Printed Name_____

Please fax completed form to (315) 782-0928. Thank you.