



A Dartmouth-Hitchcock Affiliate

Admission / Referrals: (800) 575-5162

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Physician Attestation of Face to Face Encounter for Home Health Referral

Table with 6 columns: 1st Attempt, 2nd Attempt, 3rd Attempt, and three empty cells.

Patient Name: _____

Patient Identification (D/O/B): _____

I, or a nurse practitioner or physician’s assistant under my direction, had a face-to-face encounter with this patient on _____ (date) , during which the condition that is the primary reason for home health care was addressed.

I certify that the following information is based on the clinical findings of the visit:

The clinical findings support the need for skilled home health services (skilled nursing and/or therapy) for this patient because:

Three horizontal lines for text entry.

This patient is homebound* because:

Three horizontal lines for text entry.

Certification for Home Health Services: Based on the above findings, I certify that this patient is confined to the home and needs intermittent skilled nursing care, physical therapy, and/or speech therapy or continues to need occupational therapy. The patient is under my care and I have initiated the establishment of the plan of care. This patient will be followed by a physician who will periodically review the plan of care.

Physician Signature _____

Date of Signature _____

Physician Printed Name _____

* According to the definition provided by Medicare, a person is considered homebound if he needs aid or assistance to leave his residence, or if leaving home requires a considerable and taxing effort; or if absences from the home are infrequent, short in duration, or are needed in order to receive health care treatment.