

Baystate Visiting Nurse Association & Hospice

Documentation of Face-to-Face Encounter

Addendum to Home Health Plan of Care

1. Patient Name and Identification:

2. Date of Face to Face Encounter: I certify that this patient is under my care and that I, or an allowed non-physician practitioner working with me, had a face-to-face encounter with the patient on the date specified below. Medicare's allowed non-physician practitioners are PAs, NPs, CNSs, and nurse midwives.

Month / Day / Year: _____

3. 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: _____

4. Based on clinical findings of this encounter, I certify the following services are medically necessary.

Nursing Physical Therapy Speech Language Pathology

Other Specify: _____

5. Based on clinical findings of this encounter, the patient has a need for these skilled services because:

6. Based on clinical findings of this encounter, I certify this patient meets the definition of homebound (i.e. absences from home require considerable & taxing effort, are infrequent and of short duration, usually related to medical reasons/religious services) because:

Physician Signature: _____ Date: _____

Printed Name: _____