



Home Health Face-to-Face Encounter Certification

Please fax this form to our intake department at 914.682.1488

Per CMS's regulation (42 C.F.R §424.22); "the physician responsible for performing the initial certification must document that the face-to-face patient encounter, which is related to the primary reason the patient requires home health services, has occurred." This documentation must include the "date of encounter, the explanation of why the clinical findings of such encounter support that the patient is homebound and in need of either intermittent skilled nursing or therapy services as denied in §409.42 (a) and (c)."

*A non-physician practitioner includes a nurse practitioner, clinical nurse specialist working in collaboration with the physician, a certified nurse midwife or a physician assistant under the supervision of the physician.

360 Mamaroneck Avenue
White Plains, NY 10605
www.vns.org
914.682.1480

1 Patient Name _____

2 Date of Birth _____

3 Physician Signing Certification: _____

PLEASE PRINT NAME

4 Check one:

I, a Medicare-Enrolled Physician or a

Non-Physician Practitioner*

(MUST BE SIGNED OR CO-SIGNED BY A PHYSICIAN)

certify that a face-to-face encounter with the above-named patient

5 was performed on _____

DATE OF ENCOUNTER

6 for the following medical condition(s): _____

_____ which is related to the primary reason the patient needs home care.

7 Services Requested:

Skilled Nursing Care for _____

Physical Therapy for _____

Speech/Language Therapy for _____

Occupational Therapy for _____

I certify that the following clinical findings support that the patient is homebound (*home bound means that there exists a normal inability to leave home and consequently, leaving home requires considerable and taxing effort*) and that the patient needs intermittent skilled nursing and/or therapy (*physical therapy and/or speech language pathology*):

8 Homebound due to: _____

9 Physician Signature (**NO** NPs, PAs, CNS) _____ Date _____