



Comfort Home Health Care

2746 Superior Dr NW, Rochester, MN • (507) 281-2332 • www.comforhomecare.com

Documentation of Face to Face Encounter

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
- _____ Physical therapy
- _____ Speech language pathology

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)**:

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 _____