AIRMID HOME HEALTH CARE, INC.
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FACE–TO-FACE ENCOUNTER FORM

Please complete, sign, date, and return to Airmid Home Health Care. All fields are required.

Face-to-Face Visit Attestation
I certify that this patient is under my care and that I, or a nurse practitioner or physician assistant working in collaboration with me or under my supervision, had a face-to-face visit encounter that meets the physician face-to-face encounter requirements with this patient on:

Date of In-Person Visit: _____

Patient Name: _____
Patient DOB: _____

Medical Condition
The encounter with the patient was directly related to the **following medical condition**, which is the **primary reason for home health care**:

Clinical Findings In Support of Patient's Eligibility
Provide a summary of **clinical findings that support the patient's eligibility for home health services**, including **specific need for intermittent skilled nursing and/or therapy services**. The Face-to-Face visit findings must be related to the primary reason for home health admission.

Statement of Homebound Status
I certify that the patient's clinical condition, as evidenced in the face-to-face encounter, supports that this **patient is confined to the home** (i.e., there exists a normal inability to leave home and leaving home requires considerable and taxing effort and is medically contraindicated or requires the assistance of supportive devices, supportive transportation, or another person) **due to**:

Certifying Physician Name:	**Physician Phone:**
	Physician Fax:
Certifying Physician Signature:	**Date:**