

**Holistat Home Health**

3610 W Pioneer Pkwy Ste 101

Pantego, TX 76013

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Home Health Order & Face-to-Face Encounter Certification

Physician / Practitioner Referral — Fax completed form to (682) 200-7472

Referring Practitioner / Facility**Practitioner Name / Clinic****NPI**

Contact Name / Title**Callback Phone****Contact Email**

Patient Name**Date of Birth**

I certify that a Face-to-Face encounter was performed on the above-named patient.

Encounter Date

This encounter with the patient was necessitated by the following medical condition(s), which is the primary reason for home health care:

Homebound due to:

Based on the above findings, the following home health services are ordered and are medically necessary (check all that apply):

- | | | | |
|--|---|--|---|
| ☐ Skilled Nursing | ☐ Wound Care | ☐ Physical Therapy | ☐ Occupational Therapy |
| ☐ Speech Therapy | ☐ Home Health Aide | ☐ Diabetic Care & Education | ☐ Chronic Disease Management |

Physician / Provider Signature**Print Name****Date**

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

* Encounter date must be within 90 days prior to the start of home health care or within 30 days after the start of home health.

* While a non-physician practitioner may perform the Face-to-Face encounter (including a nurse practitioner, clinical nurse specialist working in collaboration with the physician, a certified nurse-midwife, or a physician assistant under the supervision of a physician), only the physician may sign the Face-to-Face document in the State of Texas.