



From _____
Address: _____
Phone: _____
Fax: _____
NPI# _____

To: _____
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HOME HEALTH REFERRAL/ PHYSICIAN ORDERS

Total # of Pages _____ **(Including Cover Page)**

Date: _____ Surgery Date: _____

Patient Name: _____ Patient DOB: _____

Evaluate for home health services/assess and treat as necessary. Circle: SN PT OT SLP MSW

PHYSICIAN/AUTHORIZED SIGNATURE: _____

Primary Diagnosis: _____ **Primary Diagnosis Code:** _____

- | | | | |
|-----------------------------------|---|------------------------------------|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Wound Care | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Ortho---R or L _____ |
| <input type="checkbox"/> CHF | <input type="checkbox"/> COPD | <input type="checkbox"/> HTN | <input type="checkbox"/> Amputation---R or L _____ |
| <input type="checkbox"/> CVA | <input type="checkbox"/> Other _____ <i>Physician Comments and/or Special</i> | | |

Instructions: _____

Documents Included in Fax Transmission: *(Check all that apply. Please provide as much information as possible)*

_____ Patient Face Sheet _____ Patient Medical History _____ Patient Medication List _____ Billing/Insurance Information

MEDICARE "FACE-TO-FACE ENCOUNTER" DOCUMENTATION

A "face-to-face encounter" (medical visit) is required only for Medicare patients, and must occur within 90 days prior to, or 30 days following, the start of home health care services in order for the services to be covered by Medicare.

Based on the clinical findings of this encounter, the patient meets the definition of homebound because:

Leaving home is medically contraindicated due to status post-surgery. There exists a normal inability to leave home and leaving home would require a considerable and taxing effort due to status post-surgery. Patient's safety is compromised without assistance from others due to post op pain and decreased mobility. The patient needs the aid of supportive devices, or special transportation, or the assistance of another person in order to leave home.

"FACE-TO-FACE ENCOUNTER" (DATE OF LAST MD VISIT):

-Confidentiality Notice-

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