

Home Health by Hale Makua

Certification of Face to Face Encounter Addendum

Patients Name: _____ DOB: _____

Date of Encounter: _____
Month Day Year

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, (i.e. Nursing, Physical Therapy, Speech Therapy):

and a plan for providing these services includes, but is not limited to, the following care/treatments:

the need for which is based on the following clinical findings:

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) because:

Physician's Printed Name: _____

Physician Signature: _____ Date: _____