



Visiting Nurse Service of Ithaca and Tompkins County, Inc.

Documentation of Physician Face to Face Encounter

Patient Name and Date of Birth: _____

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

Services also available: ___ Occupational Therapy ___ Medical Social Worker
___ Nutrition ___ Home Health Aide

To provide the following care/treatments: _____

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 _____

Please keep a copy of this form for your patient records.