Date: ____________

COMPREHENSIVE HOME HEALTH, INC.
REFERRAL FORM

9502 Computer Dr. Suite 102, San Antonio, 78229 **Phone**: 210-326-3630 **Fax**: 210-569-6497

Patient Information

Name: ______________________________ Gender: M F

Address: ______________________________

Phone: ____________ SS# ____________ DOB ____________

Medicare/INS #: ____________ Payer: ____________

Additional Contact #'s: ______________________________

DIAGNOSIS:

Physician Orders (CIRCLE):

SN PT OT ST MSW HHA

Documentation of Face-to-Face Encounter for Medicare Patients

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 the 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**:__________

To provide the following care/treatments (**required only when the physician completing the face-to-face encounter documentation is different than the physician completing the plan of care**):

____

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**: ____________

Physician Name: ______________________________