



Referral & Face-to-Face Encounter

Doctors Home Healthcare

817-560-2998

817-560-0477 Fax

Date of Encounter _____

Physician Name _____

Phone _____

Patient Name _____

Phone _____

Address _____

DOB _____

Diagnosis _____

Insurance _____

Clinical Summary of Findings from Face to Face Encounter in Support of Home Health Need

Based on my findings; the following Home Health services are medically necessary. My findings to support the need for that discipline follow.

Skilled Nursing for: _____

Physical Therapy for: _____

I am also requesting the following services be provided:

Occupational Therapy Medical Social Worker Speech Therapy Home Health Aide

This patient is homebound because: _____

This patient is under my care and I had a face to face encounter that meets face to face encounter requirements

Physician Signature _____