MaineHealth

CARE AT HOME

Intake Fax# 207-775-5521
Intake Phone# 1-866-255-8744

Physician Practice Referral Form

Date:_____________

Patient Name:_______________________________________ DOB:____________ Male____Female____

Information to be Faxed with Referral: (or when it becomes available)

____Demographics/Insurance Info
____Address and phone number (where home health services provided if different than mailing address)
____Referring Doctor
____Plan of Care Doctor ____Next Scheduled Office Visit
____Diagnoses List
____Medications List
____Recent progress notes pertaining to F2F encounter
____Most recent rehab notes

Referral Contact:_________________________________ **Phone Number:**______________________

"Face-to-Face Encounter" (F2F) Documentation for Medicare and MaineCare Patients

I, or a nurse practitioner, clinical nurse specialist or physician's assistant working with me, had a face-to-face encounter with this patient that addressed the primary reason for home health care.

1. **Date of the F2F visit:**______/______/_______ **(must be within 90 days prior or 30 days after SOC)**
2. **Medical Condition/Reason for Home Health Care:**____
   ____
3. **Skilled Service(s) Needed**:____
   ____
4. **My clinical findings support the need for the following home health services: (skilled service/task ordered)**____
   ____
   ____
5. **Assistance required to leave home:**____
   ____
6. **There is a normal inability and it is a taxing effort for the patient to leave home because:**
   ____
   ____

I certify that the above stated patient is homebound and that upon completion of this Face-to-Face encounter has a need for intermittent skilled nursing, physical therapy and/or speech therapy or occupational therapy for their current diagnosis as outlined in their initial plan of care. These services will continue to be monitored by myself or another physician who will periodically review and update the plan of care as required.

Physician Signature:____ **Date:**_______/_______/_______

Physician Name Printed:____

Please reference back page for additional guidance on F2F requirements.

Thank you for your referral!