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!