



MD Referral and Face To Face Documentation

Your Account Manager & Tel # IS:

Last Name: _____ First: _____ Male Female D.O.B. _____

Address: _____

City: _____ State: _____ Zip: _____

Tel. # () _____ S.S. #: _____ - _____ - _____ Primary Language: _____

Emergency Contact/Relationship: _____

Lives With: Alone Family Caregiver Mental Status: Oriented Confused Forgetful

INSURANCE INFORMATION:
PRIMARY #:
SECONDARY#:

SERVICES REQUESTING:

Aide/HHA Physical Therapy Speech Therapy Nursing
Hours: ___ Days: ___ Occupational Therapy Social Work

DIAGNOSIS:

1. _____
2. _____
3. _____

MEDICATIONS/DOSE/FREQUENCY

1. _____
2. _____
3. _____

PHYSICIAN INFORMATION:

Last Name: _____ First: _____ M.I. _____ Tel#: () _____

Address: _____ City: _____ State: _____ Zip: _____ License # _____

UPIN#: _____ NPI#: _____ Physician Hospital Affiliation: _____

I, a Medicare-enrolled physician, or a non-physical practitioner*(check one) had a face-to-face encounter with the above name **Patient on** ___/___/___ **for the following medical condition(s)** _____ **which is related to the primary reason the patient needs home care.**

The following clinical findings support that the patient is homebound (homebound means that there exists a normal inability to leave home, and consequently, leaving home requires considerable and taxing effort) and that the patient needs intermittent skilled nursing and/or therapy (physical or occupational therapy or speech pathology):

Homebound:

Skill Need:

Physician Signature

Date

To make a referral please fax this form to 718-629-1200 or contact your account manager

*Per CMS's regulation (42 C.F.R. §424.22), "the physician responsible for performing the initial certification must document that the face to face patient encounter, which is related to the primary reason the patient requires home health services, has occurred." This documentation must include the "date of the encounter, an explanation of why the clinical findings of such encounter support that the patient is homebound and in need of either intermittent skilled nursing or therapy services as defined in §409.42 (a) and (c)."

**A non-physician practitioner includes a nurse practitioner, clinical nurse specialist working in collaboration with the physician, a certified nurse midwife or a physician assistant under the supervision of the physician.