



New Hampshire Medical Society
For the betterment of public health since 1791

Physician Attestation of Face to Face Encounter for Home Health Referral

Patient Name: _____

Patient Identification (D/O/B): _____

I, or a nurse practitioner or physician's assistant working with me, had a face-to-face encounter with this patient on _____ (date), during which the condition which is the primary reason for home health was addressed.

I certify that the following information is based on the clinical findings of the visit:

The clinical findings support the need for skilled home health services (skilled nursing and/or therapy) for this patient because:

This patient is homebound* because:

Physician Signature _____

Date of Signature _____

Physician Printed Name _____

* **Homebound** is defined by Medicare as follows: absences from home require considerable and taxing effort and are for medical reasons or religious services or are infrequent or of short duration when for other reasons.