



United Home Health Services
A SERVICE OF GARDEN CITY HOSPITAL

2200 N. Canton Center Rd., Suite 250, Canton, MI 48187
800.968.8477 | fax 734.981.8828 | www.uhhs.org

ORDERS FOR HOME HEALTH CERTIFICATION / ATTESTATION AND FACE-TO-FACE ENCOUNTER

Fax with Referral: Demographic Insurance Current Med List Office note/DC Summary H&P

Patient Name: _____ DOB: _____

I am ordering the following home care services indicated for the patient above (medically necessary):

SN PT OT SLP SW HHA

For each diagnosis below, I have listed the recommended care the agency will provide. These home care services are supported by my clinical findings. Ex. CHF- vital signs, smoking cessation

The Patient is considered home bound if the following two criteria are met.

1. The patient, because of illness or injury, needs the aid of supportive devices such as crutches, canes, wheelchairs and walkers; requires the use of special transportation; or the assistance of another person in order to leave their place of residence; OR have a condition such that leaving his/her home is medically contraindicated, AND
2. There must exist a normal inability to leave home, and if the patient does leave the home, it requires a considerable taxing effort.

If the patient does in fact leave the home, the patient may nevertheless be considered homebound if the absences from the home are infrequent or for periods of relatively short duration, or are attributable to the need to receive health care treatment.

Below explains why the above named patient is home bound per Medicare guidelines:

I certify that the patient above is under my care and that I, or an allowed practitioner, (NP, PA) had the face to face encounter cited.

A face to face encounter occurred on _____.

Physician Signature: _____ Date: _____ Time: _____ AM PM

Physician Printed Name: _____

Will the certifying physician oversee the Plan of Care (POC): YES NO

If not, the care of this patient is being handed off to _____ MD/DO.

Phone/Fax: _____ who will oversee the care and periodically review the Plan of Care.

The next visit, if scheduled, is for _____



1 PO

PATIENT ID