

# Referral Form

Referral Phone Number:785-955-0670

Referral Fax: 785-335-4166

From: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Medicare# \_\_\_\_\_

Other Payer Source Name/Policy Number \_\_\_\_\_

Diagnosis: \_\_\_\_\_

### Nursing:

- \_\_\_\_\_ Skilled Nursing /Assessment
- \_\_\_\_\_ Psychiatric Evaluation
- \_\_\_\_\_ Medication Management
- \_\_\_\_\_ And Teaching
- \_\_\_\_\_ Home Health Aide
- \_\_\_\_\_ For \_\_\_\_\_

### Therapy:

- \_\_\_\_\_ PT Evaluation & Treat
- \_\_\_\_\_ OT Evaluation & Treat
- \_\_\_\_\_ SLP Evaluation & Treat
- \_\_\_\_\_ (call prior to ordering SLP)
- \_\_\_\_\_ Other \_\_\_\_\_

Specific Instructions/Orders: \_\_\_\_\_

**PLEASE ATTACH: H&P, DEMOGRAPHICS, MED LIST, A1c Lab (if applicable)**

**\*\*PLEASE RETURN THIS FORM WITH A COPY OF THE PHYSICIAN FACE TO FACE ENCOUNTER NOTE CORRESPONDING TO THE ENCOUNTER DATE BELOW.**

**CERTIFICATION OF FACE TO FACE ENCOUNTER FOR HOME HEALTH CARE SERVICES**

**PHYSICIAN FACE TO FACE ENCOUNTER DATE: \_\_\_ / \_\_\_ / \_\_\_\_\_**

**I CERTIFY THAT THE FOLLOWING MEDICARE REQUIREMENTS HAVE BEEN MET REGARDING THIS PATIENT’S ELIGIBILITY FOR HOME CARE SERVICES:**

1. The Home health services are or were needed because this patient is or was confined to his/her home.
2. The patient needs or needed skilled nursing services on an intermittent basis, or physical therapy, or speech language pathology services, or the continuing need for occupational therapy services.
3. A plan of care has been established and will be periodically reviewed.
4. The service are or were furnished while this patient was under care of a physician.
5. A face to face encounter has occurred meeting the Medicare requirements. Documentation of the encounter is present in the patient’s medical chart.

Physician Name (printed)	Physician Signature	Date	NPI Number
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The physician must document when the physician or non -physician practitioner(NPP) saw the patient and document how the patient’s clinical condition as seen during the encounter supports the patient’s homebound status and need for skilled services. The face to face encounter must occur with in 90 days prior to the start of home health care, or 30 days after the start of care.