

PHYSICIAN'S HOME HEALTH CERTIFICATION

1. Certification Period			
From:	To:		
2. Patient's Name and Address			
5. Physician's Name and Address			
3. Date of Birth: Sex <input type="checkbox"/> M <input type="checkbox"/> F			
4. Policy No.			
6. Physician's Tax I.D. No.			
7. ICD-9-CM	Principal Diagnosis	Date	9. Hospital Confinement for which Subsequent Home Health Care is required. A. From: To: B. Name of Hospital and Address
8. ICD-9-CM	Other Pertinent Diagnoses	Date	
10. Can the patient perform any of the following Activities of Daily Living (ADL's) without the assistance of another person?			
	<u>YES</u>	<u>NO</u>	
A.	<input type="checkbox"/>	<input type="checkbox"/>	Bathing (getting in and out of the bathtub or shower, utilizing normal bathroom facilities that have been equipped with railings and steps);
B.	<input type="checkbox"/>	<input type="checkbox"/>	Dressing (tying shoes, buttoning buttons or clasps);
C.	<input type="checkbox"/>	<input type="checkbox"/>	Eating (consuming food or drink or utilizing utensils, appropriate for the patient's physical condition and which are placed within reach);
D.	<input type="checkbox"/>	<input type="checkbox"/>	Toileting (maintaining adequate bathroom hygiene and toilet habits); or
E.	<input type="checkbox"/>	<input type="checkbox"/>	Transferring to or from bed or chair
If any of the above are answered "NO," please furnish test results.			
11. Does the patient require continuous supervision and assistance due to a Cognitive Impairment (a deficiency in the ability to think, perceive, reason, and/or remember, which has been evaluated and measured through clinical evidence and standardized tests)? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If "YES," please furnish test results.			
12. Home health services performed:			
<input type="checkbox"/>	Skilled Nursing (R.N.)		
<input type="checkbox"/>	General Nursing (L.P.N. or L.V.N.)		
<input type="checkbox"/>	Physical Therapy		
<input type="checkbox"/>	Speech Pathology		
<input type="checkbox"/>	Occupational Therapy		
<input type="checkbox"/>	Chemotherapy Specialist Services		
<input type="checkbox"/>	Enterostomal Therapy		
<input type="checkbox"/>	Respiration Therapy		
<input type="checkbox"/>	Medical Social Services		
<input type="checkbox"/>	Home Health Care Aide (any individual, other than a member of the patient's immediate family, working under the supervision of an R.N., who is qualified, by training and experience, to provide assistance with the Activities of Daily Living listed in 10 above and has been certified by the appropriate regulatory authority).		
<input type="checkbox"/>	Other (specify) _____		
13. Other Remarks:			
14. I <input type="checkbox"/> certify <input type="checkbox"/> recertify that the above statements are true and correct and are based on standard medical tests I have performed and that the above home health services were/are required during the period of certification.			
15. Certifying Physician's Signature		Date Signed	

Notice to Arkansas Residents

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Colorado Residents

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to Kentucky Residents

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Notice to Louisiana Residents

NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Maryland Residents

NOTICE: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to New Mexico Residents

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Notice to Oklahoma Residents

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Notice to Pennsylvania Residents

NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties