



JAEG BRIGHT MEDICAL SERVICES, INC.

16000 Park Ten Pl, Ste 304
Houston, Texas 77084

PHONE: 713-779-7042 FAX: 713-779-7093

Documentation of Face to Face Encounter

Patient Name and Identification: (If not elsewhere on this page):

I certify that this patient is under my care and that I, or a nurse practitioner or physician's assistant working with me, had a face-to-face encounter that meets the physician face-to-face encounter requirements with this patient on: (Insert date that visit occurred):

Month	Day	Year
-------	-----	------

The encounter with the patient was in whole, or in part, for the following medical condition, which is the primary reason for Home Health Care (List medical condition):

I certify that, based on my finding, the following services are medically necessary Home Health Service (check all that apply):

- Nursing
- Physical Therapy
- Occupational Therapy
- Speech Language Pathology
- Medical Social Work

My clinical findings support the need for the above services because:

Further, I certify that my clinical findings support that this patient is homebound (i.e. absences from home require considerable and taxing effort and are for medical reasons or religious services or infrequently or of short duration when for other reasons) because:

Physician Signature: _____

Date of Signature: _____

Physician Printed Name: _____