## FACE TO FACE DOCUMENTATION APPROVAL FORM

Dear Dr,	
Your patient,	, was referred to THA Group's Island
(please print)	
Health Care following an encounter with	
	Physician
at	on
Facility	Date

Additionally, your clinical findings support that your patient is homebound because

Please sign below to approve that the attached documentation is adequate for the Face to Face requirement for Medicare patients receiving home health care.

Physician Printed Name	Physician Signature	Date

Thank you,

THA Group Phone: 912-233-2334 or 888-842-4663 Fax: 888-842-3293

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