



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
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Thank you,

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