NURSE PRACTITIONER ATTESTATION OF FACE-TO-FACE ENCOUNTER WITH BENEFICIARY

Name of Beneficiary:		PID#
Certification Period Dates:	_to	
Hospice Nurse Practitioner Attestation: I cont	firm that I had a fa	ce-to-face encounter with Beneficiary,
	, on	and that the clinical findings of
that encounter have been provided to the cer continues to have a life expectancy of 6 mont		Ŭ I

Hospice NP Printed Name

Signature

Date

Physician Attestation: I confirm that a hospice nurse practitioner had a face-to-face encounter with Beneficiary______, on ______, on ______. The clinical findings of that visit were provided to me for the use in determining whether the patient continues to have a life expectancy of 6 months or less, should the illness run its normal course.

Hospice MD Printed Name

Signature

Date

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