



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

Name of Beneficiary: _____ PID# _____

Certification Period Dates: _____ to _____

Hospice Nurse Practitioner Attestation: I confirm that I had a face-to-face encounter with Beneficiary, _____, on _____ and that the clinical findings of that encounter have been provided to the certifying physician, for 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 NP Printed Name

Signature

Date

Physician Attestation: I confirm that a hospice nurse practitioner had a face-to-face encounter with Beneficiary _____, 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