



Silver Lining Home Care is an agency that provides all our patients with quality, compassionate, and supportive services in an ethical manner.

Open 24 hours a day, 7 days a week
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1115 Avenue U, Brooklyn, NY 11223

Referral/Patient Information

Patient's Name: Sex Male Female
Patient's Address: Date of Birth:
City: State: Zip: SS#
Home Phone # Cell #:
Emergency Contact:
Name: Phone #: Relationship:

Insurance & LTC

Medicare #: Medicaid #:
Commercial Insurance Carrier (Name & Authorization #)
Subscriber Policy # Group #
Language and Cultural Preferences
PCAC DPAP Point of Contact

Face-to-Face Encounter Certification

I certify that a face-to-face encounter was performed on the above named patient on / / by who is a Medicaid Enrolled Physician or a Permissible non-Physician Practitioner.
The clinical reason for the encounter was
The following clinical findings support that the patient is homebound (Homebound means that there is a normal inability to leave home, and consequently, leaving home requires considerable and taxing efforts) and that the patient needs intermittent skilled Nursing and/Therapy (Physical or Occupational Therapy):

Skilled Need

Certification of Medical Necessity
I certify that based on my clinical findings the following services are medically necessary for home care services:
Skilled Nursing for:
Physical Therapy for:
Occupational Therapy for:
Speech/Language Therapy for:
HHA:

Homebound Status

Certification of Homebound Status
My clinical findings from this encounter support the patient is homebound due to:
Leaving home requires a considerable and taxing effort,
Absence from home are infrequent, of short duration or to receive healthcare treatment,
Medically restricted due to immunosuppression, infectious illness, risk of infection or injury,
or

Physician Information

Name Phone:
Address: City: State: Zip
LIC#: UPIN#: NPI#:
MD Signature: Date:

THANK YOU FOR THE REFERRAL PLEASE CALL AND CONFIRM RECEIPT OF TRANSMISSION

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