

DOCTOR'S ORDER AND FACE-TO-FACE ENCOUNTER INFORMATION

Freedom Home Care, LLC

7551 Shelby St., 3rd Floor

Indianapolis, IN 46227

Phone: (317) 744-9676 Fax: (317) 744-9824

Patient Name: _____ Physician Name: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

DOB: _____ Fax #: _____

SS #: _____ XNPI #: _____

Medicaid #: _____

Other Insurance #: _____

Clinical Diagnoses:

X _____

Secondary Diagnoses:

X _____

*****PLEASE ATTACH CURRENT MEDICATION LIST*****

Reasons for Home Health Care:

X _____

THE FACE-TO-FACE ENCOUNTER MUST OCCUR WITHIN 90 DAYS PRIOR TO THE START OF HOME HEALTH CARE, OR WITHIN 30 DAYS AFTER THE START OF HOME HEALTH CARE.

Name & Credentials of person conducting most recent Face-to-Face encounter.

Name X _____ Credential X _____

Date of Most Recent Physician Visit/Face-to-Face Date X _____

Physician's Signature X _____ Date X _____