MEDMUTUAL PROTECT™
A Medical Mutual® Company

MedMutual Protect
PO Box 21531
Eagan, MN 55121
MedMutualProtect.Com/Individual

PHYSICIAN'S HOME HEALTH CERTIFICATION

1. Certification Period
   From: To:

2. Patient's Name and Address

3. Date of Birth: Sex ❑ M ❑ F

4. Policy No.

5. Physician's Name and Address

6. Physician's Tax I.D. No.

7. ICD-9-CM	Principal Diagnosis	Date
8. ICD-9-CM	Other Pertinent Diagnoses	Date

9. Hospital Confinement for which Subsequent Home Health Care is required.
   A. From:
   To:
   B. Name of Hospital and Address

10. Can the patient perform any of the following Activities of Daily Living (ADL's) without the assistance of another person?

	YES	NO	
A.	☐	☐	Bathing (getting in and out of the bathtub or shower, utilizing normal bathroom facilities that have been equipped with railings and steps);
B.	☐	☐	Continence (bladder control)
C.	☐	☐	Dressing (tying shoes, buttoning buttons or clasps);
D.	☐	☐	Eating (consuming food or drink or utilizing utensils, appropriate for the patient's physical condition and which are placed within reach);
E.	☐	☐	Mobility (Walking or moving from one room to another)
F.	☐	☐	Toileting (maintaining adequate bathroom hygiene and toilet habits); or
G.	☐	☐	Transferring to or from bed or chair

If any of the above are answered "NO," please furnish test results.

11. Does the patient require continuous supervision and assistance due to a Cognitive Impairment (a deficiency in the ability to think, perceive, reason, and/or remember, which has been evaluated and measured through clinical evidence and standardized tests)? YES ☐ NO ☐
If "YES," please furnish test results.

12. Home health services performed:
- ☐ Skilled Nursing (services performed on a daily basis, by or under the supervision of a R.N.)
- ☐ Intermediate Nursing (services performed on a regular basis but less often than daily, by or under the supervision of a R.N.)
- ☐ Physical Therapy
- ☐ Speech Pathology
- ☐ Occupational Therapy
- ☐ Chemotherapy Specialist Services
- ☐ Enterostomal Therapy
- ☐ Respiration Therapy
- ☐ Medical Social Services
- ☐ Home Health Care Aide (any individual, other than a member of the patient's immediate family, working under the supervision of an R.N., who is qualified, by training and experience, to provide assistance with the Activities of Daily Living listed in 10 above and has been certified by the appropriate regulatory authority).
- ☐ Adult day care (a program that provides social and health related services during the day in a community group setting for six or more frail, impaired or other disable adults who can benefit from care in a group setting outside the home.)
- ☐ Other (specify) _____

13. Other Remarks:

14. I ☐ certify ☐ recertify that the above statements are true and correct and are based on standard medical tests I have performed and that the above home health services were/are required during the period of certification.

15. Certifying Physician's Signature Date Signed

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Insurance benefits provided by **Reserve National Insurance Company**