

# Procedure

Senior Allegiance Home Health works under the direction of your physician to manage an injury or illness in the convenience of your home, seeking the best possible outcome in a compassionate and professional manner.

### Medicare coverage requires:

- You must have *Medicare Part A*
- You must have a *Physician order for 'home health to evaluate and treat,'* certifying the need for one (or more) of the following:
  - Intermittent Skilled Nursing Care
  - Physical Therapy
  - Speech Therapy
  - Occupational Therapy
- *You must be homebound.* (Leaving home is not recommended, assistance is needed, or leaving home takes considerable and taxing effort. Leaving the home for medical treatment or short, infrequent absences is allowable, such as religious services.)
- You must have a *face-to-face physician encounter 90 days prior or 30 days after admission to home health.*

Senior Allegiance submits all Home Health claims.

# Specializing in...

### Skilled Nursing:

- Health Assessment, Evaluation & Education
- Wound Care
- Diabetic Assistance, Teaching & Administration
- Medication Changes, Compliance & Instruction
- Pulmonary Disease Processes
- Congestive Heart Failure (CHF)
- Hypertensive Assessment & Education
- Ostomy Care/Catheter Care

### Physical, Occupational, and/or Speech Therapy:

- Comprehensive Needs Assessment
- Safety Evaluation, Adaption & Training
- Strength & Mobility Training
- ACP State-Of-The-Art Therapeutic Modality



# Medicare Home Health Care



# Senior Allegiance

*Building relationships - enriching lives!*

A Medicare Certified and Licensed Home Health Agency

**Senior Allegiance Home Care**  
2501 Westerland Drive – Suite F-307  
Houston, Texas 77063

Medicare and Personal Care:  
(713) 975-1519  
Fax (832) 252-7376

A Medicare Certified (67-9582)  
Licensed (012801)  
Home Health Agency

seniorallegiance.com

# What's Covered

Traditional Medicare covers in full a 60-day, renewable Home Health Episode for Nursing and Rehabilitation services provided in the comfort of your home.

## Skilled Nursing:

- Licensed nurse visits to assess, treat, and evaluate your needs according to your physician's orders.
- Teach you and your family self-care techniques to allow you to safely remain in your home.
- Our Nurse is available to you Monday through Friday, 8 am to 5 pm— and on call 24-hours a day, 7 days a week.

## Rehabilitation:

- Physical, occupational, and/or speech therapy

*Our therapists work with you so you can return to your highest level of independence.*



## Support Services:

- Our Home Health Aides provide assistance with:
  - » Grooming, hygiene, bathing
  - » Activities of daily living
  - » Light housekeeping
- A Medical Social Worker coordinates long-term care and financial planning, using community resources.
- Assistance procuring Durable Medical Equipment (DME) such as oxygen, walkers, wheelchairs & bathroom safety equipment
- On-site X-Ray/Radiology services
- In-home Diagnostic Testing (most lab results available next-day)
- Medical Supplies ordered for your care



# Physician Face-To-Face Encounter

Patient Name \_\_\_\_\_

Gender  Male  Female

Medicare# \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## FACE-TO-FACE VISIT ATTESTATION

I certify that this patient is under my care and that I, or a nurse practitioner, clinical nurse specialist, or physician assistant working in collaboration with me or under my supervision, had a face-to-face visit that meets physician encounter requirements with this patient on:

Date of Visit \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Certifying Physician Name

\_\_\_\_\_  
Certifying Physician Signature

Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Fax \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please complete, sign and return the completed form to Senior Allegiance Home Health Fax: 832.252.7376 Mail: 2501 Westerland Dr. Suite F-307, Houston, TX 77063**

## MEDICAL CONDITION

The encounter with the patient was directly related to the following medical condition, which is the primary reason for home health care:

## CLINICAL FINDINGS IN SUPPORT OF PATIENT'S ELIGIBILITY

Provide a summary of clinical findings that support the patient's eligibility for home health service, including specific need for intermittent skilled nursing and/or therapy services. The face-to-face visit findings must be related to the primary reason for home health admission:

## STATEMENT OF HOMEBOUND STATUS

I certify that the patient's clinical condition, as evidence in the face-to-face encounter, supports that this patient is homebound (i.e., absences from home require considerable and taxing effort and are for medical reasons or religious services OR are infrequent or of short duration when for other reasons) due to: