



121 S. Wilke Rd. 204-D • Arlington Heights, IL 60005 • 847-506-9767 Office • 847-506-9769 Fax

Home Health Referral Checklist

☒ **CMS Home Health Pre-Claim Review Packet.
3 Page Document Including:**

(Call our office anytime if you need more packets)

1. F2F Certification Statement
(Page 1 of 3)
2. Physician Progress Note for F2F Encounter.
(Page 2 of 3)
3. Certification of Eligibility for Home Health (Order)
(Page 3 of 3)

☒ **Copy of Most Recent Facility DC Summary,
H&P or MD Visit Note Containing Active
Medication List.**

☒ **Face Sheet with Current Demographic &
Insurance Info**