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Homebound Status Order

Homebound Definition.

“An individual shall be considered to be “confined to his home” if the individual has a condition, due to an illness or injury, that restricts the ability of the individual to leave his or her home except with the assistance of another individual or the aid of a supportive devise (such as crutches, a cane, a wheelchair or a walker), or if the individual has a condition such that leaving his or her home is medically contraindicated. While an individual does not have to be bedridden to be considered “confined to his home”, the condition of the individual should be such that there exists a normal inability to leave home, that leaving home requires a considerable and taxing effort by the individual, any absence of an individual from the home attributable to the need to receive health care treatment, including regular absences for the purpose of participating in therapeutic, psychosocial, or medical treatment in an adult day-care program that is licensed or certified by a State, or accredited, to furnish adult day-care services in the State shall not disqualify an individual from being considered to be “confined to his home”. Any other absence of an individual from the home shall not so disqualify an individual if the absence is of infrequent or of relatively short duration. For purposes of the preceding sentence, any absence for the purpose of attending a religious service shall be deemed to an absence of infrequent or short duration. [42 U.S.C. 1395n(a)(2)(F)]” (Medicare Act 2021)

PATIENT NAME: _____ PATIENT D.O.B: _____

PHYSICIANS NAME: _____

*I certify that this patient is under my care and that my clinical findings support that this patient is **Homebound**, because:* _____

PHYSICIANS SIGNATURE: _____ DATE: _____

****Please return a copy of this, once completed, via Fax at: 740-860-3205 or 844-917-1754****

WE THANK YOU FOR WORKING WITH US TO CARE FOR YOUR PATIENT!
Transitions Home Health Care Appreciates YOU!