

DR. SCAFURI & ASSOCIATES

Internal Medicine, Pediatrics, and Infectious Diseases

PATIENT NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY, STATE: _____ ZIP CODE: _____

Telephone Number for Confirmation of Appointment: _____

HOMEBOUND VISIT CRITERIA

Our office offers home visits to our homebound patients once a month. However, there are certain requirements.

1. **Homebound Standards:** Your practitioner, at this time, has concluded that you are homebound. According to insurance standards you are homebound, "you need the help of another person or medical equipment such as crutches, a walker, or a wheelchair to leave your home, or your doctor believes that your health or illness could get worse if you leave your home and it is difficult for you to leave your home and you typically cannot do so."
2. **Re-Evaluation:** Your practitioner is required to evaluate and recertify your plan of care every 60 days after you start receiving home health care. If you are found to no longer meet these criteria, we are required to stop any more home visits.
3. **Maintenance Visit:** Home visits are NOT for sick visits. They are for regular maintenance. If you are sick you would need to seek medical assistance outside the home.
4. **Confirmation Systems:** Our office will call one (1) to two (2) days before each visit to confirm the time our practitioner will be at your home. If do not confirm this visit by speaking to a staff member, Annie, at our office, the practitioner will not be coming to your home for a visit.
5. **Pets:** Need to notify the office if the patient has pets in the home.

Date: _____

PATIENT'S SIGNATURE

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