

Medical Update for Fax Test DOB: 05/16/1960

Date Order Created: 02/11/2026

Order ID: 1150/16042

Agency Assigned Id: Faxtest03

Certification Period: 04/21/2025 to 06/19/2025

*HomeCentris Healthcare LLC MD217058
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
PHONE 410-321-8448 FAX*

Orders:

Physician Face-to-Face Date: 04/19/2025

Clinical Condition Requiring Home Care per Certifying Physician: Diabetes, hypertension

Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

1 - SOC - SN Notes: Diabetes, Hypertension

*Jane Doe
16600 W Outer DR*

*16600 W Outer DR, MI 2449
Tele:789-254-7777 FAX: 12072219995*

Physician Signature _____ Date _____

Staff Signature: Electronically Signed by MHCB Team. Date 02/11/2026