Medical Update for Bertina Wilson DOB: 04/02/1934

Date Order Created: 08/27/2026

Order ID: 1150/21499

Agency Assigned Id: 28939

Certification Period: 08/21/2026 to 10/19/2026

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: 08/28/2026
Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
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: soc
PT Eval Notes:
OT Eval Notes:

Belinda Chen
4940 Eastern Ave

4940 Eastern Ave, MD 21224
Tele:4105503350 FAX: 14437691237

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by Messick, Charles Date 08/27/2026