



STATE OF NEW JERSEY
Division of Temporary Disability Insurance

Filing your Medical Certification

Your Guide to the Online Application Process

Instructions from your Patient



ONLINE FILING INSTRUCTIONS FOR TEMPORARY DISABILITY INSURANCE MEDICAL STATEMENT

The Medical Certificate M01 will no longer be accepted by mail or fax. All medical providers must use the State of New Jersey's online Temporary Disability application to submit their patient's medical information. Instructions to provide your medical statement online are included below.

Instructions:

1. Go to www.nj.gov/labor/MedicalApplicationTDI (case sensitive)
2. Click Complete Medical Certificate (M01) online.
3. Click SUPPLY PATIENT'S MEDICAL CERTIFICATE.
4. Enter the Online Form ID.
5. Enter your patient's date of birth.
6. Complete all information until you receive your Confirmation Number.

Patient Information:

1. Claimant's Name	2. Date of Birth	3. Date Disability Began
4. Online Form ID	5. Online Form Date	

Features:

- Submit your patient's information securely.
- Automatically saves the information each time you click continue.
- Allows you or another person in your office up to 14 days from when you started the application to continue and submit the information.
- Sends an immediate confirmation email with a copy of the information you submitted for your records.

- If your patient is filing online for their temporary disability benefits, they will have been able to print out an instruction sheet to aid you in filing your certification.
- You will need
 - Item 2 – Patient's Date of Birth and
 - Item 4 – Online Form IDin order to enter your medical certification.

Alternatively

Your patient can also just tell you the form identification number from the end of the claim summary that was emailed to them when they filed.

Information Requested

Note: The following information is required to complete your claim. You can print the following forms and instructions using the Print Forms Application found at www.nj.gov/labor/PrintFormsApplicationTDI

Request(s) to Claimant:

Medical Certificate (M-01) Instructions

Medical Certificate 17011250001



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[Help Return to Home Page](#)

APPLICATION FOR STATE TEMPORARY DISABILITY BENEFITS

MEDICAL CERTIFICATION

Welcome to the New Jersey Division of Temporary Disability Insurance web application. This application allows physicians to file the documentation necessary to process their patient's New Jersey state temporary disability benefits claim.

- To file the medical documentation for your patient's most recent period of disability, you will need their online form ID. This number can be found on the Medical Certification online filing instructions in Block 4, or your patient can provide you with the online form ID. **The online form ID cannot be obtained in any other manner.**
- You will need approximately fifteen (15) minutes to complete this certification. If your computer is idle for longer than thirty (30) minutes, the application will automatically close.
- **Read all questions carefully.** This information will be used to determine your patient's right to benefits. Review the medical information summary before you submit the medical documentation to ensure that all information you have provided is correct. Incorrect information could result in a delay in processing your patient's claim. Record the Confirmation Number or print the confirmation page after you submit the medical documentation. This number is proof that you successfully submitted the medical certification.
- Questions noted by an asterisk (*) are required and must be answered. You will not be allowed to proceed until that question has a response.
- If you require any assistance in filing the medical documentation, please call our Customer Service Section at (609) 292-7060.

Precautions are taken to keep the information you provided in this application private and secure. The online application uses a secure connection and the data submitted is encrypted. Using a shared computer to complete this application may enable others to view the medical certification.

[SUPPLY PATIENT'S MEDICAL CERTIFICATE](#)

Find the application

From your web browser – enter the address: www.nj.gov/labor/MedicalApplicationTDI

You should see a screen like this. Click [SUPPLY PATIENT'S MEDICAL CERTIFICATE](#) to begin the process.

LOGIN

In this screen enter:

- Online Form ID from the instruction sheet and
- your patient's date of birth (as MM/DD/YYYY ex. 10/01/1975)



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MEDICAL CERTIFICATION LOGIN

Enter the Online Form ID :

(This number can be found in block 4 of the medical certificate instructions)

Enter your patient's date of birth :  (MM/DD/YYYY)

The Online Form ID:

The **Online Form ID is unique** to a particular patient and a particular first day of disability. The ID number is **not interchangeable** for any other claim except the one which generated the number.

If you make a mistake entering the Form ID, this message will appear:

The online form ID you have entered does not match our records. Please verify and re-enter the online form ID.

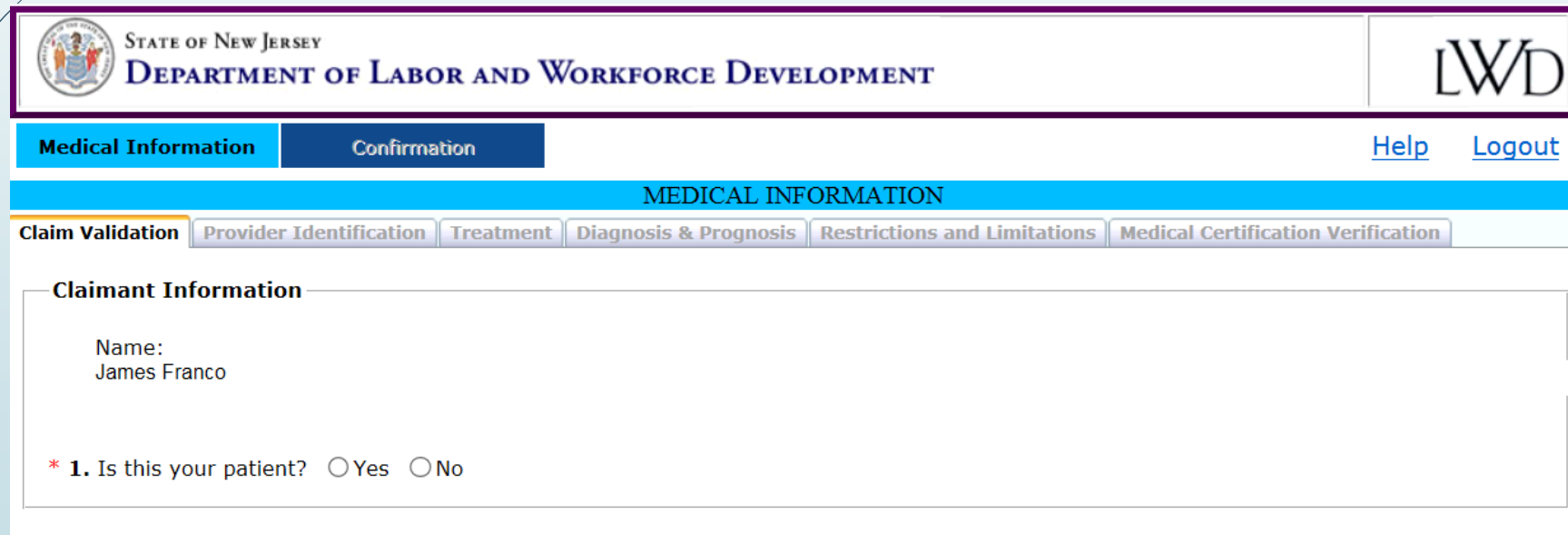
If you fail to enter the correct Online Form ID 3 times you will have to request a paper application to complete. You will receive the message:

The Information you have entered does not match our records. If you require additional information please contact our Customer Service Section at (609) 292-7060.

Verify you made a correct entry:

You should see a screen identifying your patient.

Confirm you have the correct patient before proceeding.



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Medical Information Confirmation Help Logout

MEDICAL INFORMATION

Claim Validation Provider Identification Treatment Diagnosis & Prognosis Restrictions and Limitations Medical Certification Verification

Claimant Information

Name:
James Franco

* 1. Is this your patient? Yes No

Next, enter your identifying information, then proceed through the tabs to enter details about your patient's condition.

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Medical Information Confirmation Help Logout

CLAIM VALIDATION **Provider Identification** Treatment Diagnosis & Prognosis Restrictions and Limitations Medical Certification Verification

Provider Identification

* 1. Are you licensed in the State of New Jersey? Yes No

* 2. Enter your license number and click submit. Submit

(Enter the 12 digit license number issued to you by the Division of Consumer Affairs. Ex: 25MA00000000)

Provider Details

* 3. Enter your NPI number.

* 4. Enter your name and complete address.

* Name	<input type="text"/>	<input type="text"/>
	(First Name/Middle Initial)	(Last Name)
* Address	<input type="text"/>	
	<input type="text"/>	
* City	<input type="text"/>	
* State	NJ <input type="button" value="v"/>	
* Zip Code	<input type="text"/>	- <input type="text"/>

* 4a. The information listed above was obtained from the Division of Consumer Affairs. Is this information correct? Yes No

* 5. Enter your medical degree/specialty.

Contact Information

* 6. Enter your office telephone number. - - Ext

7. Enter your office FAX number. - -

8. Enter your e-mail address. (This e-mail address will only be used for e-mail confirmation of your medical certificate submission.)

Continue

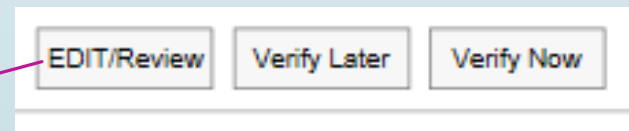
When you complete all the necessary information, you will be presented with a summary sheet. You can:

- **EDIT/Review** – To correct any mistakes
- **Verify Later** – If you want someone else to review the information before submission
- **Verify Now** – To certify and submit the form

The screenshot shows a web form titled "MEDICAL INFORMATION" from the State of New Jersey Department of Labor and Workforce Development. The form is for a patient named James Franco and is filled out with the following details:

- Provider Identification:** Physician Name: AHMED ABDEL FADIL, License Number: 26MA0024600, NPI Number: (blank), Address: 68 WHITE STREET, City: RED BANK, State: NJ, Zip Code: 07701 - 0000, Medical Degree: d, Telephone No.: (609) 333 - 3333, Ext.: (blank), Fax No.: () - (blank), Email: (blank).
- Treatment:** First Day of Disability: 05/08/2013, First Treatment Date: 05/08/2013, Most Recent Treatment: 01/12/2016, Frequency of Treatment: MONTHLY, Hospitalized: No, Patient Referred: No, Surgery: No.
- Diagnosis & Prognosis:** Primary Disabling Condition: 726.2 - SHOULDER IMPINGEMENT, Diagnosis: d, Work Related Disability: No, Estimated Date of Recovery: 01/31/2017, Blood Pressure: (blank), Urinalysis: No, X-Rays: No, EKG: No, Other Laboratory or Findings: (blank).
- Restrictions and Limitations:** Class that describes patient's ability to work: Class 5-severe limitation, Patient can handle their affairs: Yes.

At the bottom of the form, there are three buttons: "EDIT/Review", "Verify Later", and "Verify Now". A red box highlights these buttons, and a red arrow points from this box to a larger, more prominent version of the same three buttons located to the right of the form.



EDIT/Review Selection:

- Returns you to the Provider Information tab, which cannot be changed. You must select “Continue” and proceed through the remaining tabs to make any corrections.

The screenshot displays the 'Medical Information' section of the State of New Jersey Department of Labor and Workforce Development portal. The page header includes the state logo and 'LWD' branding. The navigation bar shows 'Medical Information' as the active tab, with 'Confirmation' also visible. Below the navigation, a breadcrumb trail indicates the current step: 'Provider Identification'. The form contains several sections: 'Provider Identification' with questions about New Jersey licensing and license numbers; 'Provider Details' with fields for NPI number, name, address, city, state (set to NJ), and zip code; and 'Contact Information' with fields for office telephone, FAX, and e-mail addresses. A pink circle highlights the 'Continue' button at the bottom of the form.

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DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Medical Information Confirmation Help Logout

MEDICAL INFORMATION

Claim Validation **Provider Identification** Treatment | Diagnosis & Prognosis | Restrictions and Limitations | Medical Certification Verification

Provider Identification

1. Are you licensed in the State of New Jersey? Yes No

2. Enter your license number and click submit. Submit

(Enter the 12 digit license number issued to you by the Division of Consumer Affairs. Ex: 25MA00000000)

Provider Details

3. Enter your NPI number.

4. Enter your name and complete address.

Name
(First Name/Middle Initial) (Last Name)

Address

City

State

Zip Code -

4a. The information listed above was obtained from the Division of Consumer Affairs. Is this information correct? Yes No

5. Enter your medical degree/specialty.

Contact Information

6. Enter your office telephone number. - - Ext

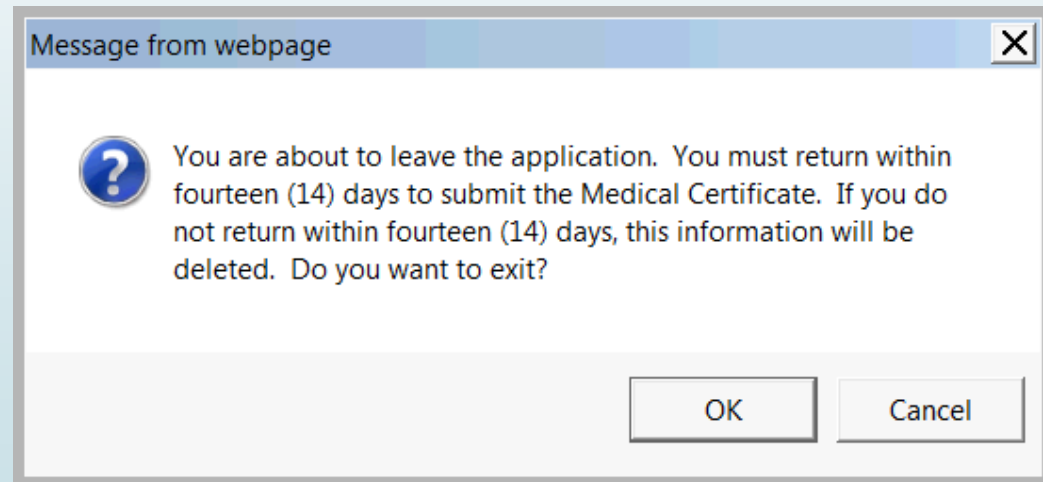
7. Enter your office FAX number. - -

8. Enter your e-mail address. (This e-mail address will only be used for e-mail confirmation of your medical certificate submission.)

Continue

Verify Later Selection:

If you make this selection, you will leave the application. You will have to return to www.nj.gov/labor/MedicalApplicationTDI with your Online Form ID and medical license number to submit the medical certification and verify the information.



Verify Now Selection:

- ▶ You will have to select that you want to certify the information you have provided.

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Medical Information Confirmation Help Logout

Certification Confirmation

Certification

* I certify that the medical information provided truly describes the patient's disability and the estimated duration thereof.

Agree Disagree

Submit Medical Information

- ▶ Click **Submit Medical Information**

Confirmation Page

- **You have submitted your medical certification.** If you supplied an email address a summary of the information you submitted will be sent there. Otherwise you can print out a summary from this page.

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Medical Information Confirmation Help Logout

Certification Confirmation

Confirmation

IMPORTANT INFORMATION AND REMINDERS

You have successfully submitted the medical certification for your patient. A copy of this notice will also be sent to your e-mail address if provided. Please make a note of your confirmation number listed below:
Your Confirmation Number: 4731

For information regarding this submission, please contact the Division of Temporary Disability Insurance at:

**Customer Service Section (609) 292-7060.
Telecommunication Device for the Deaf (TDD)(609) 292-8319
New Jersey Relay Service: TT user 1-800-852-7899 Voice User: 1-800-852-7897**

For additional information about the Temporary Disability Benefits Program, visit our website at: www.nj.gov/labor

Print Summary Close the Application