



#### **TBI Medical Document Form**

The following guide only explains to the healthcare provider how to fill out the TBI Medical Documentation Form. The healthcare provider receives an email with a direct link to the form after a patient / requester provides the physician's credentials.

- 1. Navigate to your email.
- 2. Select Review Online.



### **Traumatic Brain Injury Fund Application**



#### Reminder- Healthcare Provider Review Required

Dear John Smith,

On 08/08/2025, you received an email requesting medical documentation for one of your patient's application to the NJ Traumatic Brain Injury Fund. It has been 30 days or more since the request for medical documentation. Please click on the link below to provide the required medical documentation.

Please find the Patient's Basic Information below:

First Name: Jane Last Name: Doe

Date of Birth: 11/13/1952

Address: Teaneck Greenway, Teaneck, New Jersey, Bergen County, 07666

Apt/Unit/Suite/P.O.Box Number:

Phone: (123) 456-7879

ACTION REQUIRED: Review online to fill in the medical information.

#### HIPAA COMPLIANT AUTHORIZATION FOR THE RELEASE OF PATIENT INFORMATION PURSUANT TO 45 CFR 164.508

[Checked]: I agree to the release of the medical information below to the Traumatic Brain Injury Fund for the purposes of determining eligibility. I understand that the TBI Fund reserves the right to contact listed physician for clarification of this information, and that medical information is protected under the Health Insurance Portability and Accountability Act (HIPAA).

Name: Jane Doe

**Signature:** Signed By: Jane Doe - <u>jane.doe@gmail.com</u> Date Signed: 08/08/2025 2:50:14 PM -07:00 GMT IP Address: 75.197.52.204,170.85.72.83

Date: 08/08/2025

If you have any questions, please reach out to the NJ TBI Fund at DDS-TBI.Applications@dhs.nj.gov or 1-888-285-3036

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

Confidentiality Notice: This email message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, destroy all copies of the original message.





### The following form is displayed:

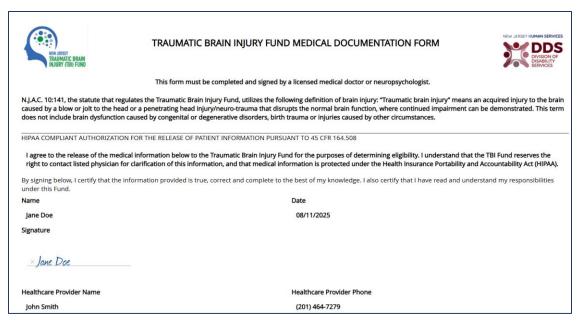
TRAI	UMATIC BRAIN INJURY FUND	MEDICAL DOCUME	NTATION FORM	DD DIVISION OF COLUMN TO THE C
	form must be completed and signed by			
I,LAC. 10:141, the statute that regulates the Trau aused by a blow or jolt to the head or a penetrati oes not include brain dysfunction caused by con	matic Brain Injury Fund, utilizes the foli ing head injury/neuro-trauma that disru penital or degenerative disorders, birth	owing definition of brain injur apts the normal brain functio trauma or injuries caused by	ry: "Traumatic brain injury" means an a n, where continued impairment can be other circumstances.	equired injury to the be demonstrated. This to
IPAA COMPLIANT AUTHORIZATION FOR THE RELI				
I agree to the release of the medical information right to contact listed physician for clarification o	below to the Traumatic Brain Injury Fur f this information, and that medical Info	nd for the purposes of determ ormation is protected under t	mining eligibility. I understand that the t the Health Insurance Portability and Ac	TBI Fund reserves the countability Act (HIPAA
y signing below, I certify that the information pro				
lame		Date		
Jane Doe		08/11/2025		
ignature				
× Jane Doe				
lealthcare Provider Name		Healthcare Provider Phone		
John Smith		(201) 464-7279		
o be filled out by the medical provider. Item	ns in * are required fields.			
rovider Name *	Provider license Number *		Tour of Devictors	
rovicer name -	Provider license Number -		Type of Provider *  - Select one	
ddress *				
ddress •				
pt/Unit/Suite/POBox Number		Phone *		
.g Apt/unit/suite				
mail *		Website		
ow long have you been treating them as a patien	a*			
	-			
lease attach at least one of the following docume				
CD-10 *	ICD-10		ICD-10	
CD-10	ICD-10		ICD-10	
lease attach at least one of the following docume	ntations to support the TBI Diagnosis			
-Select all- Records (ICD-10 Code) verifying TBI				
Supporting report  Other diagnosis; and/or Neuropsychological		Attach one or more docum	ent(s) here *	
Other diagnosis; and/or Neuropsychological evaluation(s)				
Crossoconics		Select files		
	mences.	Select files		
Note: User can enter up to 3 most recent TBI occu		Select files	6	
Note: User can enter up to 3 most recent TBI occurred (typy) *	Date TBI occurred (mm/dd)	Select files	Cause of TBI *	
Note: User can enter up to 3 most recent TBI occur rear most recent TBI occurred (yyyy) * - Select one -	Date TBI occurred (mm/dd) MH/dd	Select files	Cause of TBI *	
Note: User can enter up to 3 most recent TBI occurred (typy) *	Date TBI occurred (mm/dd) MH/dd	Select files	Cause of TBI *	
Note: User can enter up to 3 most recent TBI occur rear most recent TBI occurred (yyyy) * - Select one -	Date TBI occurred (mm/dd) MH/dd	Select files.	Cause of TBI *	
Note: User can enter up to 3 most recent TBI occur rear most recent TBI occurred (yyyy) * - Select one -	Date TBI occurred (mm/dd) MH/dd	Select files.	Cause of TBI *	
Note: User can enter up to 3 most recent TBI occur rear most recent TBI occurred (yyyy) * - Select one -	Date TBI occurred (mm/dd) MH/dd	Select fies.	Cause of TBI *	
Note: User can enter up to 3 most recent TBI occur rear most recent TBI occurred (yyyy) * - Select one -	Date TBI occurred (mm/dd) MH/dd	Soliet fire.	Case of TIB*	
Note: User can enter up to 3 most recent TBI occured (TBI occured (TBI occured (typy))*  - Select one	Date TBI occurred (mm/dd) MH/dd	Salect fina.	Cause of Tills *	
Note: User can enter up to 3 most recent TBI occured (TBI occured (TBI occured (typy))*  - Select one	Date TBI occurred (mm/dd) MH/dd	Salect fies.	Cause of TBI *	
late: Over can enter up to 3 most recent TIB occur have most recent TIB occured (gygy) *  - Select over	Date TBI occurred (mm/dd) MH/dd	Soliet fies.	Cause of Till *	
late: Over can enter up to 3 most recent TIB occur have most recent TIB occured (gygy) *  - Select over	Date TBI occurred (mm/dd) MH/dd	Solicit fica.	Case of Till *	
lote: User can enter up to 3 most recent TBI occur has most recent TBI occurred (poyd) * - Select one - "   very select of the conditions that have arise there other medical conditions that have arise there other medical conditions that have arise	Date Till occurred (mm/dd), 109/dd 10	Sover form.		
Note: User can enter up to 3 most recent TBI occured (TBI occured (TBI occured (typy))*  - Select one	Date Till occurred (mm/dd), 109/dd 10	Titl to restore, enhance or n		
violet: User can enter up to 3 most recent TBI occurred (myst) = - Select one	Date Till occurred (mm/dd), 109/dd 10	Till to restore, enhance or m		
ote: Liver can enter up to 3 most recent TB occurred (1999) *  - Serical one	Date TBI occurred (mm/dd) 100/cdd n as a direct result of the TBID*  ost-scule services directly related to the	Ов	naintain function? *	
side: User can enter up to 3 most recent TB occurred (1999) * **	Date TBI occurred (mm/dd)  101/dd  101/dd  as a direct result of the TBIT*  one acute services directly related to the  Asignarchare/Acquirection  Asignarchare/Acquirection	_ n	naintain Auction? *  rancial Management appathera by	
iote: Liter can enter up to 3 most recent TB occurred (yyyy) * - Select one - "  - Select one - "  - we there other medical conditions that have arise there other	Date TBI occurred men/dd)  PRIVIDE  REVISED  TBI OF	_	naintain function? *  rantical Management geotherapy countries for six	
iote: User can enter up to 3 most recent TB occurred (1999) *  - select one - "  - select one - "  - select one - "  - we there other medical conditions that have arise there is no selected to the selected of the tapping of the conditions	Date TBI occurred (mm/dd)  101/dd  101/dd  as a direct result of the TBI *  104-acute services directly related to the TBI *  Acupanchure/Acupressure  Argus Therety (mm/dd)  Behavior Management  Behavior Management  Committing (mm/dd)	F    H	nalifican function? *  nancial Management (populmany) usuamind Management (edition Management union) (history) union (history)	
visite their can enter up to 3 most recent TB occurred (mys) *  - Select crise *  -	Date TBI occurred men/dd)  HRM/dd  as a direct result of the TBID *  Determined to the TBID *  Acapterisher of decity related to the TBID *  Defermined Capterisher of decity related to the TBID *  Cognitive Institution The TBID *  Cognitive Institution The TBID *  Cognitive Institution The TBID *  Determined Capterisher of Capter	P	naintain function? *  nancial Management geotherapy	
tote: Liter can enter up to 3 most recent TB occurred yogys?	Date TBI occurred primordid)  1004-acute services directly related to the  Acquirect between the control of the TBID*  Acquirect between the control of the TBID occurred to the	P	naintain function? *  nancial Management (pipotherapy) (solid Management (solid Mana	
sole: Liter can enter up to 3 most recent TB occurred yays) *	Date TBI occurred (mm/dd)  101/dd  101	999 So	naintain function? *  nancial Management geotherapy	
inter. Liver can enter up to 3 most recent TB occurred (yyyy) * - Select one - - Select o	Date TBI occurred primordid)  1004-acute services directly related to the  Acquirect between the control of the TBID*  Acquirect between the control of the TBID occurred to the	R   R   R   R   R   R   R   R   R   R	naintain function? *  nancial Management geotherapy	
size ther can enter up to 3 most recent TB occurred (pygy) * - Select one	Date TBI occurred menvide)  1004-ocute services directly related to the  Acaptenchare Acaptenchare  Ac		naintain function? *  mancial Management goodherapy agreement for fall the fall framer for fal	
sole: Liter can enter up to 3 most recent TB occurred yays) *	Date TBI occurred menvide)  1004-ocute services directly related to the  Acaptenchare Acaptenchare  Ac		naintain function? *  mancial Management goodherapy agreement for fall the fall framer for fal	his patient represents
inter-Liber can enter up to 3 most recent TB occured groys * - select one - * - select one	Date TBI occurred menvide)  1004-ocute services directly related to the  Acaptenchare Acaptenchare  Ac		naintain function? *  mancial Management goodherapy agreement for fall the fall framer for fal	his patient represents
size: Lear can enter up to 3 most recent TBI occurred (yyyy) * - Select one - * - Select on	Date TBI occurred menvide)  1004-ocute services directly related to the  Acaptenchare Acaptenchare  Ac		naintain function? *  mancial Management goodherapy agreement for fall the fall framer for fal	his patient represents
size ther can enter up to 3 most recent TB occurred (pygy) * - Select one	Date TBI occurred menvide)  1004-ocute services directly related to the  Acaptenchare Acaptenchare  Ac		naintain function? *  mancial Management goodherapy agreement for fall the fall framer for fal	his patient represents
inter-Liner can enter up to 3 most recent TB occurred (1999) *	Date TBI occurred (mm/dd)  101/dd  101		naintain function? *  mancial Management goodherapy agreement for fall the fall framer for fal	his pathent represents a
inter-toker can enter up to 3 most recent TBI occurred (pygy)*  - Select one - *  -	Data TBI occurred mended)  ##################################	1	neintain function? *  Intercel Management graphic stage usuch not Management south of	his patient represents
size their can enter up to 3 most recent TBI occursed groups * - Select one - - Select on	Data TBI occurred mended)  ##################################	1	neintain function? *  Intercel Management graphic stage usuch not Management south of	his patient represents
one their can enter up to 3 most recent TB occurred groys * - select one -	Date TBI occurred menvide)  HOW/AD  TO A a direct result of the TBID *  TO A Company of the TBID *  A Company of the TBID *  A Acquancture/Acquaressure  A Acquancture/Acquaressure  A Acquancture/Acquaressure  Date Tain Tain Tain  Date Tain Tain Tain  Date Tain Tain Tain  Date Tain Tain Tain  Date Tain Tain Tain Tain Tain  Dental Care  Cognitive fire formation  Dental Care  Cognitive fire formation  Dental Care  Dental Care  Services  Dental Care  Services  Servi	1	neintain function? *  Intercel Management graphic stage usuch not Management south of	his patient represents
size ther can enter up to 3 most recent TB ocu- rear most recent TB ocurred (pypy) * - Select one - * - * - * - * - * - * - * - * - * - *	Date TBI occurred menvide)  HOW/AD  TO A a direct result of the TBID *  TO A Company of the TBID *  A Company of the TBID *  A Acquancture/Acquaressure  A Acquancture/Acquaressure  A Acquancture/Acquaressure  Date Tain Tain Tain  Date Tain Tain Tain  Date Tain Tain Tain  Date Tain Tain Tain  Date Tain Tain Tain Tain Tain  Dental Care  Cognitive fire formation  Dental Care  Cognitive fire formation  Dental Care  Dental Care  Services  Dental Care  Services  Servi	1	neintain function? *  Intercel Management graphic stage usuch not Management south of	his patient represents
sole ther can enter up to 3 most recent TB occurred grows are most recent TB occurred grows as most recent TB occurred grows as a most recent TB occurred grows as a second gr	Date TBI occurred menvide)  HOW/AD  TO A a direct result of the TBID *  TO A Company of the TBID *  A Company of the TBID *  A Acquancture/Acquaressure  A Acquancture/Acquaressure  A Acquancture/Acquaressure  Date Tain Tain Tain  Date Tain Tain Tain  Date Tain Tain Tain  Date Tain Tain Tain  Date Tain Tain Tain Tain Tain  Dental Care  Cognitive fire formation  Dental Care  Cognitive fire formation  Dental Care  Dental Care  Services  Dental Care  Services  Servi	1	neintain function? *  Intercel Management graphic stage usuch not Management south of	his patient represents
size their can enter up to 3 most recent TB occursed groups *  - Select one - *  - The select one - *  - Select one - *  - The select one - *  -	Date TBI occurred menvide)  HOW/AD  TO A a direct result of the TBID *  TO A Company of the TBID *  A Company of the TBID *  A Acquancture/Acquaressure  A Acquancture/Acquaressure  A Acquancture/Acquaressure  Date Tain Tain Tain  Date Tain Tain Tain  Date Tain Tain Tain  Date Tain Tain Tain  Date Tain Tain Tain Tain Tain  Dental Care  Cognitive fire formation  Dental Care  Cognitive fire formation  Dental Care  Dental Care  Services  Dental Care  Services  Servi	1	neintain function? *  Intercel Management graphic stage usuch not Management south of	his patient represents

**2 |** Page





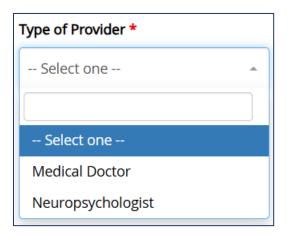
3. Review information provided.



4. Enter the required information.



5. Select an option from the drop-down menu.







6. Enter the required information.



7. Enter the required information.

How long have you been treating them as a patient? *

**4** | Page





8. Enter the required and relevant information.

Please attach at least one of the following documents to support the TBI diagnosis		
ICD-10 *	ICD-10	ICD-10
ICD-10	ICD-10	ICD-10

- 9. Select the type of supporting document(s).
- 10. Attach supporting files by selecting, Select files...

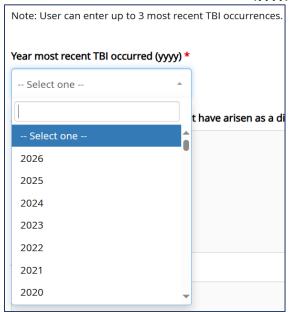
Important: If your documents are not saved on the computer, please scan and save them. Be sure to save the documents in one place that you can remember. Once you select, Select files... A window with folders and saved items is displayed. Navigate to the location with the saved files and add each document, one at a time.

Please attach at least one of the following documentations to support the TBI Diagnosis *	
<ul> <li>Select all</li> <li>Records (ICD-10 Code) verifying TBI</li> <li>Supporting report</li> <li>Other diagnosis; and/or Neuropsychological evaluation(s)</li> </ul>	Attach one or more document(s) here *  Select files

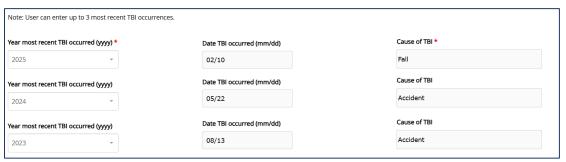




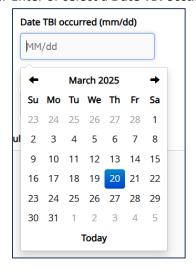
11. Select the Year most recent TBI occurred (yyyy).



Note: An extra row of the same fields appears when you select a year from the "Year most recent TBI occurred (yyyy)" drop-down menu. In total, the identical fields can appear up to three times for three different most recent of TBI occurrences.



12. Enter or select a Date TBI occurred (mm/dd).



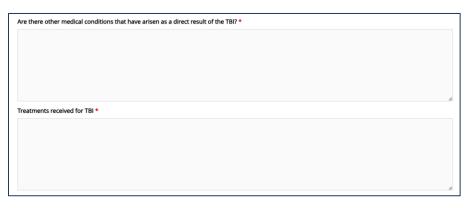




13. Enter the Cause of TBI.

Cause of TBI *		

14. Enter the required and relevant information.



15. Select Yes, or No.

In your clinical opinion, does the patient require post-acute services directly related to the TBI to restore, enhance or maintain function? \*

O Yes

No

16. Select the relevant information.

Treatment(s) Recommended (check all that apply)		
Select all	☐ Acupuncture/Acupressure	☐ Financial Management
☐ Structured Day Program	<ul><li>Aqua Therapy</li></ul>	☐ Hippotherapy
<ul> <li>Substance Abuse Evaluation/Treatment</li> </ul>	<ul> <li>Assistive Technology</li> </ul>	<ul> <li>Household Management</li> </ul>
☐ Medical Transportation	☐ Behavior Management	☐ Life Skills Training
☐ Vehicle Modification	☐ Biofeedback/Neurofeedback	<ul> <li>Medication Management</li> </ul>
☐ Vision Care	☐ Chiropractic Therapy	<ul> <li>Neuropsychiatric/Neuropsychological</li> </ul>
Case Management	☐ Cognitive Rehabilitation Therapy	<ul><li>Evaluation</li></ul>
☐ Tutoring	☐ Counseling Services	<ul> <li>Occupational Therapy</li> </ul>
☐ Medical Care	☐ Dental Care	<ul><li>Personal Care</li></ul>
☐ Protective Legal Services	<ul> <li>Durable Medical Equipment</li> </ul>	<ul><li>Respite Care</li></ul>
☐ Physical Therapy	<ul><li>Educational Service</li></ul>	<ul> <li>Service Coordination</li> </ul>
☐ Environmental/Home Modifications	☐ Speech-Language	
	Therapy	



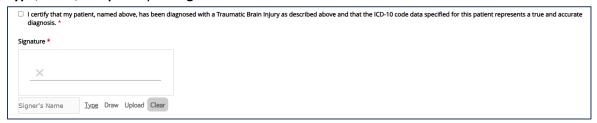


8. Enter your Name.

Note: The Date is automatically populated and cannot be changed.



- 9. Read the statement and select the box if you certify.
- 10. Type, Draw, or Upload your Signature.



- 11. Review the Note.
- 12. Select **Yes**, or **No.** If you select **Yes**, please attach all the relevant files.
- 13. Select Submit.



Note: If you selected Yes, please attach the relevant files.







The following message is displayed once you have submitted the form.



#### **Traumatic Brain Injury Fund Application**



Your submission (TRAUMATIC BRAIN INJURY FUND: MEDICAL DOCUMENTATION FORM) has been received and will be reviewed by the appropriate