



TBI Medical Document Form

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

- 1. Navigate to your email.
- 2. Select **Review online.**

NIV JESTY TRAUMATIC BRAIN INJURY (TBI) FUND	Traumatic Brain Injury Fund Application	HUMAN SERVICES				
A New Ap	pplication Received - Required Health Care Prov	vider Review				
Dear John Smith,						
We received an application to the NJ T documentation of the TBI is required f	raumatic Brain Injury (TBI) Fund from one of your patients. To rom their medical doctor or neuropsychologist.	o determine eligibility, medical				
Please find Patient's Basic Information	as below:					
First Name: Jane Last Name: Doe						
Address : Trenton, New Jersey, Mercer County Apt/Unit/Suite/P.O.Box Number: 343 Phone: (123) 456-7879 ACTION REQUIRED: Review online to fill in the medical information. HIPAA COMPLIANT AUTHORIZATION FOR THE RELEASE OF PATIENT INFORMATION						
: 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 Last Name: Doe Date: 07/24/2024 Signature: Signed By: Jane Doe - <u>roni.cohen@dhs.nj.gov</u> Date Signed: 07/26/2024 7:34:46 PM +00:00 GMT IP Address: 75.197.53.119,170.85.70.102						
If you have any questions, please reach out to the NJ TBI Fund at <u>Dhsco.DDS-TBIFund@dhs.nj.gov</u> 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.						



TBI Healthcare Provider Submission Guide



The following form is displayed:

- WHITTHE	CUMENTATION FORM	S
This form must be completed and signed b	y a licensed medical doctor or neuropsychologist.	
N.I.A.C. 30:141, the statute that regulates the T	nauranic Brain Injury Fund, utilizes the following definition of train injury:	
"Traumatic beam injury" means an acquired injur trauma that disrupts the normal brain function, is dysfunction caused by congenital or degenerativ	ry to the brain caused by a blow or joit to the head or a penetrating head injury/ne where continued repairment can be demonstrated. This term does not induce brain in disorders, birth trauma or injuries caused by other insumitances.	urù- n
HEPAA COMPLIANT AUTHORIZATION FOR	THE RELEASE OF PATIENT INFORMATION PURSUANT TO 45 CFR 164.508	
Lagree to the release of the medical informa eligibility. I understand that the TBI Fund res- that medical information is protected under	tion below to the Triaumatic Brain injury Fund for the purposes of determining arres the right to contact listed physician for clarification of this information, a the Health Insurance Portability and Accountability Act (NIPAA).	nd
By signing below, I cantify that the information p have reliad and understand my responsibilities un	movided is true, connect and complete to the best of my knowledge. I also certify the skir this Fund.	ai T
Nama	Date	
876 5	and construction	
ang-anal 4		
- 16		
Your Dissiston Name		
glog		
5. El		
to be filled out by the medical provider. Ite	ems in * are required fields.	
Provider Name • Pr	ovder license Nember • Type of Provider •	
	- Select one -	1
Adhess *		
Address *		1
Adress *		
Adhess * Apt,Umt/Saite/POBer Number	Phonei *	
Addeos * Apt,Unit/SaltePOBoe Number n.q.Aptimites	Phonel *	
Address * Apr, Carlo, Salte PCBor Number 	Phone *	
Address * Apr,(Ant);Salte(PCBor Number 	Phonel *	
Address * Apr,Unit/Sube(POBor Number s.g. Apti-atuate Email *	Pbana *	
Address * Address # Addres	Phone *	
Address * Apt/Jant/Follow Number ng Apt/ant/Follow Number Email * Coses the patient meet the TBS definition?	Pboox *	
Address * Apt/Jant/Folion Number	Phone *	
Address * Apt/Jant/Folion Number s.g. Aptiont/sum Essal * Coses the patient meet the TBI definition? "Insumatic brain inport means an acquired inport amount this divergets the remark hand forcitory."	Phone * Phone * Vederine Vederine vy to the learn caused by a blow or job to the head or a perstrating head rejary/re- where contraved repairment can be demonstrated. This term does not induce to here or discretely, the heart or repairs cancel by affect resummarkace. It	
Addess * Apt(Jant)/Follor Number Apt(Jant)/Follor Number Exact * Does the patient meet the TBI definition? "Seamatic brain right" means an acquired inportant that despite the normal brain function, pdirection caused by congenial or degenerate Son	Phone * Vederie vederie vederie vederie vederie vederie vederie vederie vederie vederie vederie vede	
Addess * Apt(Jant)/Follor Number Apt(Jant)/Follor Number Exact Apt(Jant)/Follor Number To any Aption(type) Does the patient meet the TBI definition? "Seamatic brain rejory" means an acquired inpo- function, defanction caused by congenial or degenerative No	Plana * Plana Plana Plana Plana P	
Addess * Addess * AppLoveEstate(POBSe Nember s.g AppLoveEstate(POBSe Nember s.g AppLoveEstate(POBSe Nember s.g AppLoveEstate(POBSe Nember) Seasa * Does the patient most the TBE definition? "Seasanatile despets the normal hand increase, an applications seared by congenial or dependence "No- No- No- No- No- No- No- No- No- No-	Phane * Wedsite Wedsite You the brain caused by a blow or job to the head or a persetuating head migraylee about toetraved impairment can be demonstrated. This term does not include their decides, birth travers or impairs caused by ather distantiances. * Date *	- -
Addess * Addess * Apploy(Sate)(7080x Nember	Please • Vedasie Vedasie y to the brain caused by a blow or job to the head or a perstating head everytee where contraved expansion can be demonstrated. This term does not inducte brai or deciders, birth travers or inpurse, canaed by other circumstances. • Dozo * Digg * Dig(1)/(2024	and -
Addess * Addess * AppLov(5ata)/OBse Number	Plana * Velasia Ve	
Addess * Addess * Apt/brit/Sata/POBor Number a.g. AptionEvalue Email * Does the parent meet the TBS definition? Thanmats that departs the normal heat function, depfortion scenario by congenial or degenerative No No No No I controlly the my patient, named above, hast	Phone * Phone * Violative Viola	and-
Addess * Apt/Jant/Exits/POBio Number Apt/Jant/Exits/POBio Number Email * Does the patient meet the TBS definition? "Internatic brain rejory" reserve an acquired inpatient function caused by compared or degenerative No No No No No No	Phone * Pho	
Addess * Apt/Smith/DBse Number apt/Smith/DBse Number apt/Smith/DBse Number Email * Does the patient meet the TBS definition? "Subarratic brain rejory" means an acquired input for the patient means by compared or degenerate No Servace Servace Servace	Plana * Visibale	
Addess * Addess * AppLoveDentsPORen Neurober AppLoveDentsPORen Neurober AppLoveDentsPORen Neurober AppLoveDentsPort * Does the patient most the TBE definition? * * * * * * * * * * * * *	Plens * Verbaile	
Addess * Addess * Application (FORSon Neurober sig Application) Email * Does the patient meet the TBI definition? Theamatic brain injury * means an acquired input for anise the topological or degenerative vise vise vise topological and by compared or degenerative Signature * Constitution topological for this patient in Signature *	Plena Plena Plen	
Addees * Addees	Plena • Vedaile	
Addees * Addees	Plena * Vedavie ve	1410-
Addess * AppLov(5.5ata)/POBse Number AppLov(5.5ata)/POBse Number AppLov(5.5ata)/POBse Number AppLov(5.5ata)/POBse Number Email * Does the patient meet the TBS definition? Thatmatic brain rejory* means an acquired ingo for factorist brain rejory* means an	Plane * Vedaile	
Addess * Apt/Davit/Sata(POBor Number apt/Davit/Sata(POBor Number apt/Davit/Sata(POBor Number apt/Davit/Sata(POBor Number Email * Does the parsent meet the TBS definition? Thomatic brain rejors* means an acquired rips Thomatic brain rejors the normal hand interior, No No Name * Constitution caused by congenital or degenerative No Name * Constitution caused by congenital or degenerative No Name * Signatics Name Trips Draw Upleed Signatics Name	Plane * Velacia	



TBI Healthcare Provider Submission Guide



3. Review information provided.

TRAUMATIC BRAIN INJURY FUND MEDICAL DOCUMENTATION F					
This form must be completed and signed by a licensed medical doctor or neuropsychologist.					
N.J.A.C. 10:141, the statute that regulates the Traumatic Brain Injury Fund, utilizes the following definition of brain injury:					
"Traumatic brain injury" means an acquired injury to the brain caused by a blow or jolt to the head or a penetrating head injury/neuro-trauma that disrupts the no impairment can be demonstrated. This term does not include brain dysfunction caused by congenital or degenerative disorders, birth trauma or injuries caused by	ormal brain function, where continued other circumstances.				
HIPAA COMPLIANT AUTHORIZATION FOR THE RELEASE OF PATIENT INFORMATION PURSUANT TO 45 CFR 164.508 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). Complete below. Leading below.					
Name Date					
Jane Doe 07/24/2024					
Signature					
×Jane Doe					
Your Physician Name					
John Smith					

4. Enter the required information.

To be filled out by the medical provider. Items in * are required fields.					
Provider Name *	Provider license Number *				

5. Select an option from **Type of Provider** drop-down menu.

Type of Provider *						
Select one						
Select one						
Medical Doctor						
Neuropsychologist						





6. Enter the required information.

Address *]
Apt/Unit/Suite/POBox Number e.g Apt/unit/suite	Phone *	
Email *	Website	

7. Select Yes, or No.

Do	es the patient meet the TBI definition?
"Tra tra dys O	aumatic brain injury" means an acquired injury to the brain caused by a blow or jolt to the head or a penetrating head injury/neuro- uma that disrupts the normal brain function, where continued impairment can be demonstrated. This term does not include brain sfunction caused by congenital or degenerative disorders, birth trauma or injuries caused by other circumstances. * Yes No

Note: If you selected Yes, please complete <u>Section 7a</u> before question 8. If you selected No, please continue to question 8.





Section 7a

7a. Enter the required and relevant information.

Does the patient meet the TBI definition?									
"Traumatic brain injury" means an acquired injury to the brain caused by a blow or jolt to the head or a penetrating head injury/neuro-trauma that disrupts the normal brain function, where continued impairment can be demonstrated. This term does not include brain dysfunction caused by congenital or degenerative disorders, birth trauma or injuries caused by other circumstances. * Yes No									
How long have you been treating them as a patient?									
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									

- 7b. Select the type of supporting document(s).
- 7c. 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 st		
Records (ICD-10 Code) verifying TBI	Attach one or more document(s) here st	
Supporting report		
 Other diagnosis; and/or Neuropsychological evaluation(s) 	Select files	





7d. Select the Year most recent TBI occurred (yyyy).

Year most recent TBI occurred (yyyy) *
Select one
Select one
2024
2023
2022
2021 -
2020
2019
2018

- 7e. Enter or select a Date TBI occurred (mm/dd).
- 7f. Enter the Cause of TBI.

Date TBI occurred (mm/dd)							
	MM/dd						
of							+
	Su	Мо	Tu	We	Th	Fr	Sa
	30	1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
-	21	22	23	24	25	26	27
-	28	29	30	31	1	2	3
	4	5	6	7	8	9	10
	Today						





7g. Enter the required information.



7h. Select Yes, or No.

Will this condition require ongoing treatment and support? *
Yes
No

7i. Select the relevant information.

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



TBI Healthcare Provider Submission Guide



- 8. Enter your Name and Date.
- 9. Read the statement and select the box if you certify.
- 10. Type, Draw, or Upload your Signature.
- 11. Select **Save** if you would like to like to come back to the form at a later time.

Select **Submit** once you are ready to complete the form.

Namo *	Date *
	08/14/2024
I certify that my patient, named above, has been diagnosed with a Traumatic Brain Injury as described above and that the ICD-10 code data specified for this patient represents a true and accurate diagnosis. *	
Signature *	
Signer's Name <u>Type</u> Draw Upload Clear	
Note: All attachments combined size should be less than 30MB. If you are facing any issues submitting this application online, please contact the NJ TBI Fund at DHSCO.DDS-TBIFund@dhs.nj.gov or call 1-888-285-3036.	

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

