



# Filing your Medical Certification for Family Leave benefits

Your Guide to the Online Application Process

# Instructions from your patient's Caregiver



## ONLINE FILING INSTRUCTIONS FOR FAMILY LEAVE INSURANCE MEDICAL STATEMENT

The Medical Certificate M01-FLI will no longer be accepted by mail or fax. All medical providers must use the State of New Jersey's online Family Leave Insurance 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/MedicalApplicationFLI](http://www.nj.gov/labor/MedicalApplicationFLI)(case sensitive)
2. Click Complete the Medical Certificate (M01 – FLI) 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. Patient's Name	3. Patient's Date of Birth
4. First Day Care is Needed	5. Online Form ID	6. 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's caregiver is filing online for their family leave benefits, they will have been able to print out an instruction sheet to aid you in filing your certification.

■ You will need

- Item 3 - Patient's Date of Birth
- Item 5 - Online Form ID

In order to enter your medical certification.

## Alternatively

Your patient's caregiver 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/PrintFormsApplicationFLI](http://www.nj.gov/labor/PrintFormsApplicationFLI)

#### **Request(s) to Claimant:**

#### **Medical Certificate (M-01) Instructions**

Medical Certificate 17030675001



## APPLICATION FOR FAMILY LEAVE BENEFITS

### MEDICAL CERTIFICATION

Welcome to the New Jersey Division of Family Leave Insurance web application for family leave benefits. This application allows a health care provider to complete the medical certification necessary to process New Jersey Family Leave Insurance benefits for your patient's caregiver.

To file the medical certification pertaining to your patient's need for a caregiver, you will need their online form ID. This number can be found on the Medical Certification online filing instructions in Block 5, 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 regarding your patient's condition will be used to determine the caregiver's right to benefits. Review the medical information summary before you submit the medical certification to ensure that all information you have provided is correct. Incorrect information could result in a delay in processing the caregiver's claim. Record the Confirmation Number or print the confirmation page after you submit the medical certification. 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 certification, 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 <http://nj.gov/labor/MedicalApplicationFLI>

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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[Return to Home Page](#)

**MEDICAL CERTIFICATION LOGIN**

<b>Enter the online Form ID :</b>	<input type="text"/>
<small>(This number can be found in block 5 of the medical certificate instructions.)</small>	
<b>Enter your patient's date of birth :</b>	<input type="text"/>  (MM/DD/YYYY)
	<input type="button" value="Log In"/>



# The Online Form ID:

The **Online Form ID is unique** to a particular caregiver and a particular first day that care is needed. 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 and the caregiver.

Confirm you have the correct patient and caregiver before proceeding.

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Medical Information Confirmation Help Logout

MEDICAL INFORMATION

Claim Validation Health Care Provider Identification Care Information Medical Verification

**Claim Validation**

Patient's Name: Mary Macnamara

Patient's Date of Birth:  
10/01/1945

Caregiver's Name:  
user M 1224

\* 1. Is this your patient and the caregiver for your patient?  Yes  No

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

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MEDICAL INFORMATION

Claim Validation Health Care Provider Identification Care Information Medical Verification

**Health Care 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)

**Health Care Provider Details**

3. Enter your NPI number.

\* 4. Enter your name and complete address.

\* Your Name    
(First Name and 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.)



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

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Medical Information Confirmation Help Logout

MEDICAL INFORMATION

Claim Validation Health Care Provider Identification Care Information **Medical Verification**

Patient: Mary [REDACTED] Patient's Date Of Birth: 10/1 [REDACTED]  
Caregiver: user M 1224

**Health Care Provider's Information**

Name and Address: MARY SMITH  
54 MAIN ST  
LAKSJFL,  
NJ 08654

Licence Number: 25MA [REDACTED] Licensing State: NJ  
License Type: ORTHO  
NPI Number:  
Telephone Number: ( 609 ) 664 - [REDACTED] Ext.  
Fax Number:  
E-Mail Address:

**Care Information**

Date Care Begins: 3/3/2017 Date Care Ends: 4/17/2017  
Full Time Care Required: Yes Number of Days Care Required:  
Type of Care Required: ADL'S  
Caregiver Able to Provide Care: Yes  
Diagnosis: TOTAL HIP REPLACEMENT

EDIT/Review Verify Now Verify Later

EDIT/Review Verify Now Verify Later

# 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.

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Medical Information Confirmation Help Logout

MEDICAL INFORMATION

Claim Validation Health Care Provider Identification Care Information Medical Verification

**Health Care 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)

**Health Care Provider Details**

3. Enter your NPI number.

\* 4. Enter your name and complete address.

\* Your Name    
(First Name and 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.  -  -

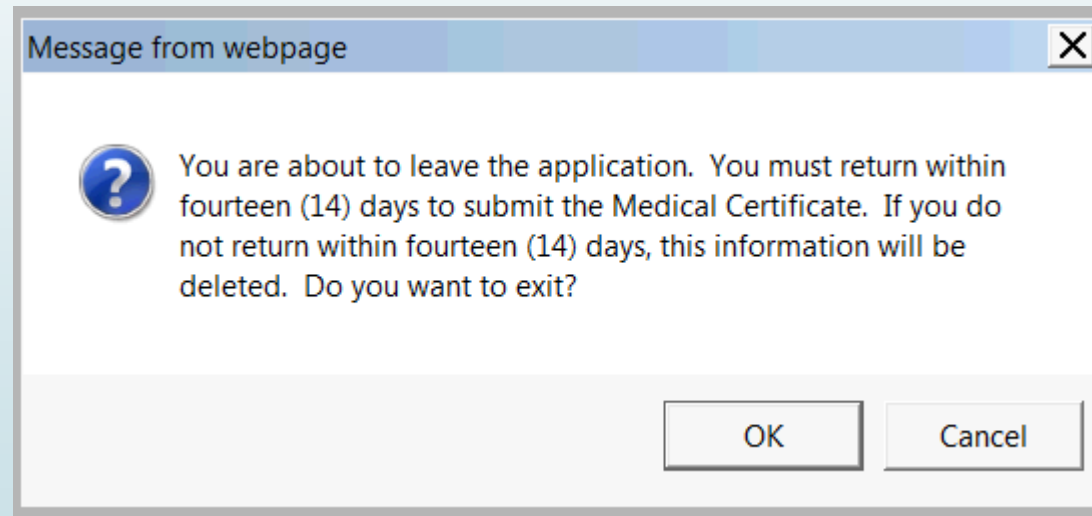
\* 8. Enter your e-mail address.

(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 <http://nj.gov/labor/MedicalApplicationFLI> 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 information provided truly describes the patient's need for care by the caregiver.  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: 907**

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 Family Leave Insurance Program, visit our website at:  
<http://lwd.state.nj.us/labor/fli/fliindex.html>

Print Summary Close the Application