Did You Know?

The attached medical form is **required** to determine your eligibility for benefits or to obtain additional weeks of medical certification on your current claim.

It is **your responsibility** to:

1. Provide the medical certification form to the appropriate treating Qualified Healthcare Provider (QHP - physician) for completion.

2. Mail or fax the **completed form** to:
   
   TDI/TCI  
   PO Box 20100  
   Cranston, RI, 02920-0941  
   Fax: (401) 462-8466

Failure to complete ALL questions or submit all required material will delay the processing of your TDI/TCI claim.

Don’t Forget!

This form **must** be completed by your treating QHP. It cannot be completed by you.

- Depending on how quickly required documents are received, it may take 2-4 weeks to determine eligibility on a new claim and 1-2 weeks on an existing claim.

- If more than one doctor is treating you, make copies of the form and provide it to each doctor who is certifying your inability to work.

- A prompt response will ensure that your claim is handled in a timely manner.

- If you are applying for TDI (illness/injury/surgery) it is **required by law** for you to have an in-office examination the week before the week of, or the week following the date of disability indicated by your QHP.

- **Receipt of the completed form does not guarantee payment** as it must be reviewed and approved. If additional documentation is required for certification, it will be requested directly from the QHP. This may result in additional processing time for the claim.

- You are responsible for any costs your doctor may charge for copying medical records or completing medical forms.

- **If you have questions on TDI/TCI:**
  - Visit [www.dlt.ri.gov/tdi](http://www.dlt.ri.gov/tdi) online;  
  - Call customer service at (401) 462-8420; or  
  - Email DLT.TDI@dlt.ri.gov.

Any false claim made or any information furnished that is false, is punishable by law.
This is a sample of a medical form. A similar form will be sent to YOU for your healthcare provider. YOU CANNOT USE THIS FORM.

The actual medical release form will be mailed to you. It is YOUR responsibility to have your healthcare provider fill it out.