



## **PATIENT FORMS**

### **DISABLED PERSON PLACARD**

Patients with an injury to his/her lower extremities, or someone who has recently undergone surgery, will often find it difficult to walk for prolonged periods of time to and from his/her car. If you feel you are in need of a temporary placard so that you can park in handicapped parking spaces, please complete the application form below. You can complete it on your computer or print it out and fill in your response by hand.

You will need to bring this form to our office so that Dr. Snibbe or Jennifer can complete the physician portion of the form. The cost of the placard is \$6.00. You can submit your application at any DMV location or AAA office. We recommend the AAA office, as wait times are often less than the DMV. For more information, please visit the DMV website at the link below.

**DMV WEBSITE** - <http://www.dmv.ca.gov/forms/formsmost.htm>

**DISABLE PERSON PLACARD APPLICATION** - <http://dmv.ca.gov/forms/reg/reg195.pdf>

### **STATE DISABILITY INSURANCE**

The below information is for patients who are unable to work temporarily due to his or her injury.

**California State Disability Insurance (SDI)** is a partial wage-replacement insurance plan for California workers. The SDI programs are State-mandated, and funded through employee payroll deductions. SDI provides affordable, short-term benefits to eligible workers. Workers covered by SDI are covered by two programs: Disability Insurance and Paid Family Leave.

The **Disability Insurance** program provides affordable, short-term benefits to eligible workers who suffer a loss of wages when they are unable to work due to a non work-related illness or injury, or due to pregnancy or childbirth.

The **Paid Family Leave** program was established for workers who suffer a loss of wages when they need to take time off from work to care for a seriously ill child, spouse, parent, registered domestic partner, or to bond with a new child.

***To complete the necessary Disability Insurance Claim Form, please print out the form from the following link: [http://www.edd.ca.gov/pdf\\_pub\\_ctr/de2501.pdf](http://www.edd.ca.gov/pdf_pub_ctr/de2501.pdf). You will need to bring this form (with the patient portion completed) to our office. Please expect a 48-72 hour time frame for this form to be completed by our office.***

For more information, you may visit: <http://www.edd.ca.gov/Disability> or read the instructions below.



General Instructions	Additional Instructions
1. Carefully decide the date you want your claim to begin as this will determine your weekly benefit amount.	<a href="#">Disability Insurance Claim Form</a>
2. Complete ALL items on the "Claim Statement of Employee" and sign it. Make certain that all information is complete and accurate since errors or omissions may cause your claim to be returned and may delay payment.	<a href="#">Disability Insurance Claim Form</a>
3. <b>Doctor's Certification:</b> Ask your doctor to complete and sign the "Doctor's Certificate" (page 3)	<a href="#">Disability Insurance Claim Form</a>
4. <b>Cannot Complete Form:</b> If you cannot complete the claim form because of your disability, or if you are an authorized agent filing for benefits on behalf of a physically incapacitated, mentally incapacitated, or deceased claimant, you will need to request the appropriate form(s) for your situation.	Call 1-800-480-3287 for further instructions.
5. <b>Religious Practitioner:</b> If you are under the care of an accredited religious practitioner, you must include with your claim form a "Practitioner's Certificate, "DE 2502. Ask your practitioner to complete and sign it. (Rubber stamped signature facsimiles are not accepted.)	Call 1-800-480-3287 to get a Practitioner's Certificate, "DE 2502"
6. <b>Temporary Workers' Compensation:</b> If you are receiving temporary Workers' Compensation benefits and are filing for reduced DI benefits for the same days, the Doctor's Certificate is not required.	None
7. <b>Mail your claim</b> to the DI office nearest to your residence <b>no earlier than 9 days--but no later than 49 days--after the first day you became disabled.</b> Mail your completed, signed "Claim Statement of Employee" together with the completed, signed "Doctor's Certificate" and any other supporting documents.	<a href="#">DI Office Locations</a>

**NOTE: The United States Postal Service (USPS) will not deliver mail to a private mail box (i.e., a mail box rented to you by a non-USPS commercial enterprise) unless it is preceded by the initials "PMB."**