



*Health Care Provider  
LaborFirst  
User Guide*

# LaborFirst Health Provider User Guide

## Table of Contents

---

LaborFirst Health Provider User Guide.....	1
Table of Contents .....	1
User Guide: Health Care Provider Certification Process .....	1
Receive Form ID Email .....	2
Enter Form ID .....	3
Review of Important Information .....	3
Enter Health Care Provider Information.....	4
Review Patient Information.....	5
Complete Health Care Provider Certification.....	6
Enter Amount of Leave Needed.....	6
Summary .....	8
Confirmation.....	8

## User Guide: Health Care Provider Certification Process

Claims for **Medical Leave** or **Family Caregiver Leave** require certification from a healthcare provider. The process involves:

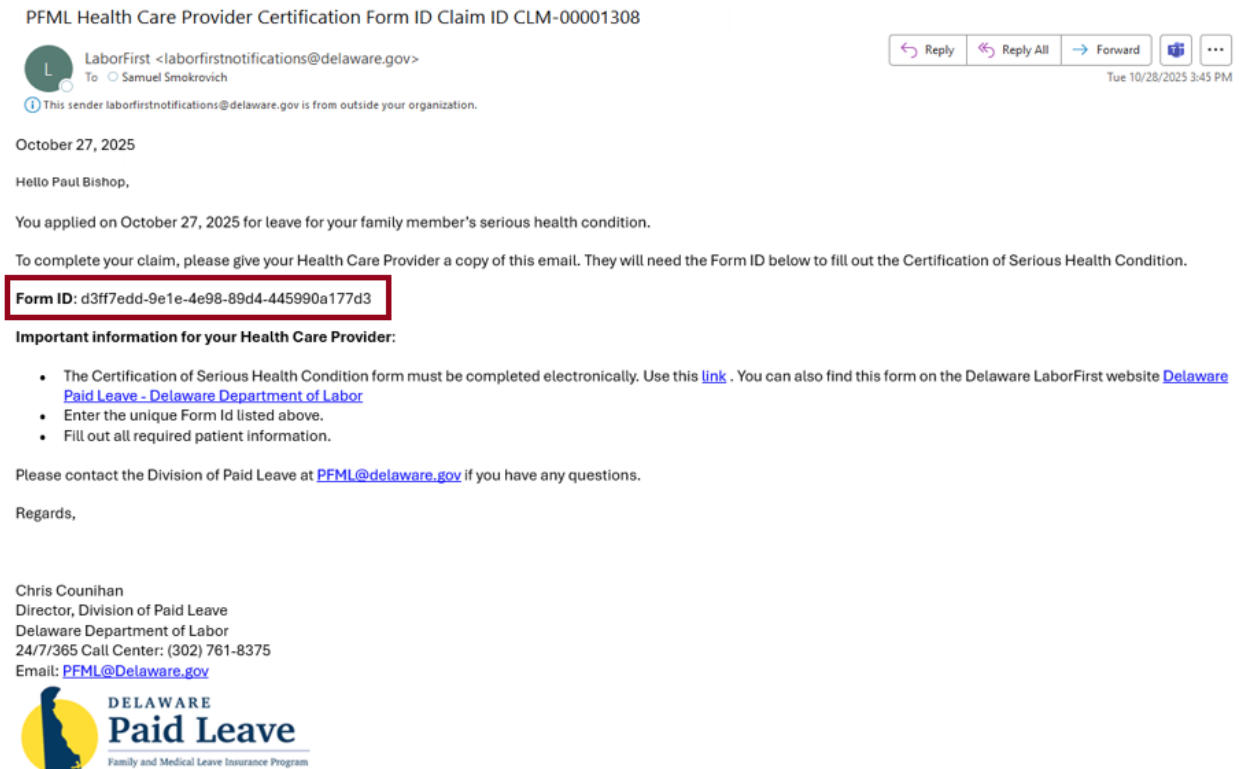
1. Claimant submits a Paid Family Medical Leave claim through **LaborFirst**.
2. Claimant provides the healthcare provider with the **Form ID** for medical certification.
3. Healthcare providers complete the certification in **LaborFirst**.

## Receive Form ID Email

After the claim is filed, the claimant receives an email containing the **Form ID**. The email includes:

- The **Form ID**.
- Instructions for completing the Certification of Serious Health Condition.
- Helpful links and resources.

Healthcare providers must use this **Form ID** to access the certification form.



## Email

## HCP LaborFirst User Guide

### Enter Form ID

Navigate to the public link provided. **Copy the form ID** from the email and enter the ID into the designated field. Enter the **Form ID** in the designated field. Select **Next** to proceed.

**Form ID Screen**

### Review of Important Information

The **Important Information** screen provides details needed for certification. Please read the important information.

Once reviewed, select **Next**.

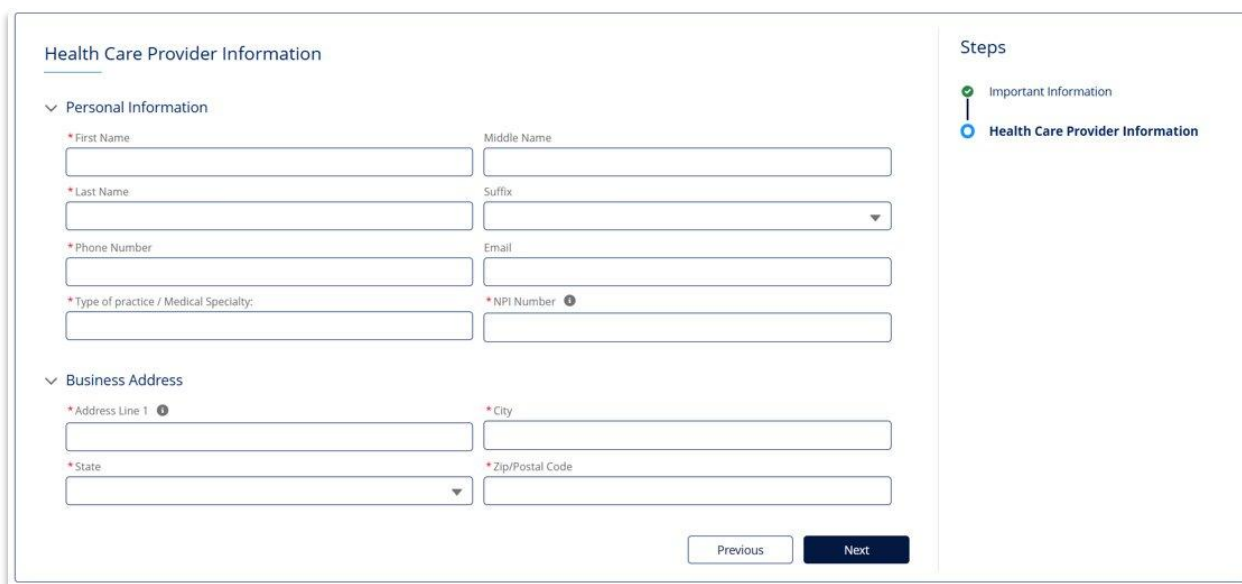
**Important Information Screen**

## Enter Health Care Provider Information

Provide **Personal Information**:

Enter the **First Name**, **Last Name**, Contact Details. **Type of Practice/Medical Specialty**, **NPI Number** and provide **Business Address**, **City**, **State**, and **Zip code** then select **Next**.

(Note: All Red Asterisk fields are mandatory, please complete those fields)

The screenshot shows a web form titled "Health Care Provider Information". It is divided into two main sections: "Personal Information" and "Business Address". The "Personal Information" section includes fields for First Name, Middle Name, Last Name, Suffix, Phone Number, Email, Type of practice / Medical Specialty, and NPI Number. The "Business Address" section includes fields for Address Line 1, City, State, and Zip/Postal Code. Red asterisks indicate mandatory fields. A "Steps" sidebar on the right shows two steps: "Important Information" (completed) and "Health Care Provider Information" (current step). At the bottom right are "Previous" and "Next" buttons.

Health Care Provider Information

Steps

- Important Information
- Health Care Provider Information

Personal Information

\*First Name Middle Name

\*Last Name Suffix

\*Phone Number Email

\*Type of practice / Medical Specialty: \*NPI Number

Business Address

\*Address Line 1 \*City

\*State \*Zip/Postal Code

Previous Next

Health Care Provider Information Screen

## Review Patient Information

The patient's information will prepopulate on employee and family member, when applicable. As displays the **Claim Summary** in read-only format.

Select the hyperlink to view the claimant's claim summary. After reviewing the summary.

Select the **Certification Check Box** confirming you reviewed the claim summary and select **Next** to proceed.

### Patient Information

This claim being filed is for: **Medical Leave**  
Below is information on the claimant/patient that is requesting medical or family caregiving leave

▼ Claimant Information

First Name	Middle Name	Last Name
Larry		Lennon
Date of Birth	Employer Name	Job Title
12/01/1992	Training Employer	Training Lead
Essential Job Function		
Training newly hired employees		

Select the hyperlink to view the claimant's claim summary in order to proceed. (This will open in a new tab so you can view it as you complete the Certification of Serious Health Condition) [Claim Summary](#)

☐ I have opened the claim summary

Previous Next

### Steps

- Important Information
- Health Care Provider Information
- Patient Information**
- Health Care Provider Certification
- Amount of Leave Needed
- Summary
- Confirmation

**Patient Information Screen**

## Complete Health Care Provider Certification

The first thing you need to do is choose “**Yes**” or “**No**” for the question: Is this serious health condition related to a workers’ compensation claim?

Then enter in the details about the claimant’s health condition: Date started and the Estimated duration. Select applicable health conditions, if **None of the Above** is selected, the claim is ineligible. Select **Next**.

**Health Care Provider Certification Screen**

## Enter Amount of Leave Needed

Indicate if leave is medically necessary (**Yes/No**). If **Yes**, click **Add New** to enter leave schedule details.

**Amount of Leave Needed Screen**



## HCP LaborFirst User Guide

Choose leave type: Continuous, Reduced Hours Per Day, Reduced Days Per Week, or Intermittent. Enter start and end dates, once done. Select **Save**, to save the dates.

1. **Continuous:** A leave schedule in which leave is taken all at once in a single, uninterrupted block of time.

2. **Reduced Hours Per Day:** A leave schedule that allows a claimant to work fewer hours per day. Enter the percentage of a full workday the claimant can still work. Example: If they can work half the day, enter 50%.

3. **Reduced Days Per Week:** A leave schedule that allows a claimant to work fewer days per week. Enter the number of days the claimant can still work.

4. **Intermittent:** A leave schedule that allows leave to be taken in separate blocks of time on a periodic basis, rather than a continuous period of time. The blocks of time can vary in length. Example: The claimant may miss a few days of work each month when a chronic condition like migraines or asthma flares up.

\*Which leave schedule is recommended for this claimant

☐ Continuous ☐ Reduced Hours Per Day ☐ Reduced Days Per Week ☐ Intermittent

**Example:** Your regular work week is Monday through Friday, and you plan to take leave from January 12 ending January 26. In Delaware LaborFirst, a week is defined as Sunday through Saturday. To enter your leave correctly, select "Continuous" for the period of January 11 through January 24, since this covers two full weeks of leave. Then, create a separate leave period for the week of January 25 using the "Reduced Days Per Week" option, and select one day of leave for January 26.

**January 2026**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3

### Leave Schedule Details Screen

Once the leave has been saved, it will display under the Leave Schedule panel. Select **Next** to proceed.

**Amount of Leave Needed**

This claim being filed for: **Medical Leave**

Select the hyperlink to view the claimant's [Claim Summary](#) for your review

Based on the medical condition(s) previously selected, complete all that apply. Please provide your **best estimate** of the frequency and duration of a condition or treatment as well as the leave schedule needed. Be as specific as you can.

\*Due to the condition(s), is it medically necessary for claimant to take leave?

☐ Yes ☐ No

[+ Add New](#)

**Leave Schedules**

Which Leave Schedule is Recomm...	Start Date	End Date
Continuous	11/30/2025	01/10/2026

Previous **Next**

**Steps**

- Important Information
- Health Care Provider Information
- Patient Information
- Health Care Provider Certification
- Amount of Leave Needed**
- Summary
- Confirmation

### Selected Leave Schedule Details Screen

## Summary

Review and verify all entered information. **Select the Disclosure Check Box. Sign, date, and select Next.**

The Summary screen is a web form with a left sidebar and a right sidebar. The left sidebar has a title "Summary" and three expandable sections: "Health Care Provider Information", "Health Care Provider Certification", and "Amount of Leave Needed". Below these is a large text area with a disclosure checkbox and signature/date fields. The right sidebar, titled "Steps", shows a vertical list of steps: "Important Information", "Health Care Provider Information", "Patient Information", "Health Care Provider Certification", "Amount of Leave Needed", "Summary" (highlighted with a blue circle), and "Confirmation". At the bottom of the main form area are "Previous" and "Next" buttons.

Summary

> Health Care Provider Information

> Health Care Provider Certification

> Amount of Leave Needed

☐ Please check this box to certify, under pains and penalties of perjury, that all information provided in this filing is complete and true to the best of your knowledge and belief.

\* Signature

\* Date

Previous Next

Steps

- Important Information
- Health Care Provider Information
- Patient Information
- Health Care Provider Certification
- Amount of Leave Needed
- Summary**
- Confirmation

### Summary Screen

## Confirmation

A confirmation screen appears with a Confirmation Number. Retain this number for your records. Select **Finish** to close the process.

The Confirmation screen is a web form with a left sidebar and a right sidebar. The left sidebar has a title "Confirmation" and displays the "Confirmation Number: CON-38489". Below this is a thank you message and a request to retain a copy of the confirmation. A "Finish" button is located at the bottom right of the main form area. The right sidebar, titled "Steps", shows a vertical list of steps: "Important Information", "Health Care Provider Information", "Patient Information", "Health Care Provider Certification", "Amount of Leave Needed", "Summary", and "Confirmation" (highlighted with a blue circle).

Confirmation

Confirmation Number: CON-38489

Thank you for submitting the Certification of Serious Health Condition to the Delaware Department of Labor, Division of Paid Leave on behalf of the claimant.

Please retain a copy of this confirmation for your records.

Finish

Steps

- Important Information
- Health Care Provider Information
- Patient Information
- Health Care Provider Certification
- Amount of Leave Needed
- Summary
- Confirmation**

### Confirmation Number Screen