SDI Online Tutorial:
Physician/Practitioner Representative Certification
To access SDI Online accounts, visit www.edd.ca.gov/disability.

Under Existing Users, select SDI Online Login.

You will be directed to the SDI Online Login page.
On the SDI Online Login page, enter your Username and select Submit.
In some instances, you may be asked to respond to the security questions established when creating the account.

Type the answer to the security question and select Next.
Confirm the Personal Image and enter your Password, then select Log In.

Note: The Personal Image helps identify that you have entered the correct Username on the previous page.
On the **Home** page, select the Physician/Practitioner you wish to access.

You may select only one Physician/Practitioner at a time.

You may switch to a different Physician/Practitioner account by selecting **Home** from the Main Menu and selecting **Choose Physician/Practitioner**.
On the Home page under the Search section, you can:

- Search by “Claim ID” to view forms to be submitted.
- Search by “My Receipt Number” to view the form that you submitted.
- Search by “Patient Receipt Number” to submit a DE 2501 Part B Initial Claim form.
- In order to submit the DE 2501 Part B online, the claimant must have submitted the DE 2501 Part A – Claimant Statement.
- You will need the claimant’s submission Receipt Number.

You must also enter the claimant’s “Last Name” to begin the search.

Note: A Physician/Practitioner Representative can prepare and submit any claim forms.
After the Search Results are populated:

- Verify that the information matches the claimant’s records.

- Select the **Submit Physician/Practitioner Certificate** link under the **Action** column.

**Note:** If the Certificate is already submitted by another user (i.e., Physician/Practitioner Representative) the “Submit Physician/Practitioner Certificate” link will not be available.
You can view the claimant’s portion of the DE 2501 form by selecting **View the Claim for Disability (DI) Benefits Claimant** link.

Select **Next** to begin the completion of the form.
Verify and select the **Treatment Address** where the patient is being treated.

**Tip:** If the treatment address for the patient is not displayed, you can select the **Not Found** button to add a treatment address.
Complete the Patient Information section 1, 2A, and 3, then select **Next**.

Mandatory fields are marked with a red asterisk.
Continue to complete applicable patient information in sections 4A – Claim Information and 5 – Pregnancy, including all mandatory fields.

When all applicable information has been filled in, select **Next**.
Complete Section 6 – Prognosis Information and select **Next**.
Once the form is completed, you will need to select the option in Section 7 – Certification that best describes your role.

Before submitting the form, you will have the option of viewing the form by selecting the link at the bottom of the page.

Select **Submit** to finalize the process.

Once the form is submitted, you will be directed to the **Confirmation** page.
On the **Confirmation** page, you will be provided with a Form Receipt Number.

Selecting the **Form Receipt Number** link will open a PDF printer-friendly view of the information that is submitted.
Visit [www.edd.ca.gov/disability](http://www.edd.ca.gov/disability) for more information about State Disability Insurance.

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