SDI Online Tutorial:
Physician/Practitioner and
Physician/Practitioner Representative
Registration, Online Access Information, and Form Submission
SDI Online Overview for Physicians/Practitioners
Physicians/practitioners and their representatives may use SDI Online to:

• Complete medical certifications for Disability Insurance and Paid Family Leave benefits.

• Complete medical certifications for benefits on behalf of the physician/practitioners.

• Update contact information.

• Access electronic requests for additional medical information.
• A physician/practitioner may have an unlimited number of authorized representatives.

• A physician/practitioner representative may create an account after the physician/practitioner has added them as an authorized representative to their SDI Online account.

• An individual may be an authorized physician/practitioner representative for an unlimited number of physicians/practitioners.
Physician/Practitioner Registration
To create an SDI Online account, visit www.edd.ca.gov/disability.

On the State Disability Insurance overview page, select any SDI Online link.
Select the **SDI Online Registration** link to register.

You will be directed to the **SDI Registration Instructions** page. Select **Continue to Physician/Practitioner Registration** and follow the instructions.
On the Security Check page, type the text displayed and then select Next.

Read the Terms and Conditions and select I Agree.

Selecting I Do Not Agree prevents an account from being established.
Complete the Account Verification Information and select **Next**.

Mandatory fields are marked with a red asterisk (*).

When creating an SDI Online account, remember to:
- Enter the personal medical information as it appears in the registration with your medical board.
- Enter the mailing address the medical board has on file.

**Note:** You will be able to add treatment addresses once the account is created.
Complete the Account Information section by selecting a Username, Password, Personal Image, and Security Questions and entering your answers. Then select **Next**.

Be sure to make note of this information to ensure easy access when using SDI Online.
On the **Personal Profile Information** page, select your preferred method of communication, then select **Submit**.
A letter will be mailed to your address to confirm this account has been created. Be sure to make a note of your EDD Customer Account Number.

If you selected electronic communication, a notification will also be sent to you via e-mail.

Select **Login** to access your newly created account.
Access Physician/Practitioner Account
To access your account, visit [www.edd.ca.gov/disability](http://www.edd.ca.gov/disability) and select the **SDI Online** link.

On the **State Disability Insurance (SDI) Online** page, select **SDI Online Login**.

You will be directed to the **SDI Online Login** page where you will log in using your Username and Password.
On the **SDI Online Login** page, enter your Username and select **Submit**.

Confirm the Personal Image, enter your Password, then select **Log In**.
On the Home page, under the Search section, there are four ways to begin searching for certifications and forms:

- **Search by “Last 4 digits of SSN” or “Patient Receipt Number”** and enter the patient’s date of birth.
- **Search by “Claim ID”** to submit medical extensions.
- **Search by “My Receipt Number”** to view forms you have submitted.
- **Search by “Patient/PFL Receipt Number”** to submit Paid Family Leave forms.

You must also enter the claimant’s last name to begin the search.
The **Main Menu** appears on most screens and has additional options.

**Inbox:** Access the Message Center to view messages from the EDD.

**Saved Drafts:** View previously saved drafts of forms that were started, but not completed or submitted.

**Note:** Saved Drafts are deleted after 30 days.
Add a Treatment Address
To add a treatment address, select **Manage My Profile** under the **Main Menu** on the **Home** page.
You will be directed to the Physician/Practitioner Update Personal Profile Information page.

- Select **Manage Treatment Address** from the Page Menu.

- You can add a treatment address by selecting the **Add** button.
On the Add Modify Treatment Address page, complete all fields and select Save.

Note: You will need to repeat this process to add all treatment addresses at which you practice.
Treatment addresses added are displayed on this page.

Select **Modify** or **Delete** to manage your treatment addresses.

To add additional treatment addresses, select **Add**.
Assign a Physician/Practitioner Representative
Physician/practitioner representatives can complete and submit forms on behalf of the registered physician/practitioner once they have been added to the account.

To add a physician/practitioner representative, select Manage My Profile from the Main Menu.
On the Add Delete Medical Representative page, select Add.
Complete the required fields and select a treatment address. Then select Save.
Physician/practitioner representatives added are displayed on this page.

Select **Modify** or **Delete** to manage your medical representatives.

To add additional representatives, select **Add**.
SDI Online Physician/Practitioner Representative Registration
To create an SDI Online account, visit **www.edd.ca.gov/disability**.

On the **State Disability Insurance** overview page, select any **SDI Online** link.
Select the SDI Online Registration link to register.

You will be directed to the SDI Registration Instructions page. Select Continue to Physician/Practitioner Representative Registration and follow the instructions.
Complete the Physician/Practitioner Representative Information section. Be sure to enter your name exactly as provided to the EDD by the physician/practitioner authorizing your account, then select Next.
Complete the **Account Information** section by selecting a Username, Password, Personal Image, and Security Questions. Then select **Next**.

Be sure to make note of this information to ensure easy access when using SDI Online.
Verify the Treatment Address, enter the Phone Number, and select your preferred method of communication.

Select **Submit**.

**Note:** The physician/practitioner can change the fields that a physician/practitioner representative cannot.
A letter will be mailed to the physician’s/practitioner’s address to confirm this account has been created.

If you selected electronic communication, a notification will also be sent to you via e-mail.

Select **Login** to access your newly created account.
Submit a DE 2501 Part B – Physician’s/Practitioner’s Certificate
Physicians/Practitioners

On the Home page, under the Search section, there are two ways to begin searching for the DE 2501B to find your patient’s claim:

- Search by “Patient Receipt Number.”
- Search by the last four digits of the patient’s SSN and Date of Birth.

You must also enter the patient’s last name to begin the search.

In order to submit the DE 2501 Part B online, the patient must have already submitted the DE 2501 Part A – Claimant’s Statement.
Physician/Practitioner Representatives

On the **Home** page, select the physician/practitioner you are submitting the DE 2501B on behalf of.

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**.
Select a preferred search method from the **Search By** drop down menu.

Verify the information in the **Search Results** section matches the patient’s records.

The **Receipt Number** link will allow you to view what the patient submitted on their portion of the DE 2501 Part A – Claimant’s Statement.

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.
On the **View Claimant Portion**, you may select the link to view the claimant portion of the form.

Select **Next** to complete the certificate.

On the **Treatment Address** page, select the treatment address of where the patient is being treated.
Complete the **Patient Information** section and select **Next**.

Mandatory fields are marked with a red asterisk (*).

**Tip:** Select **Save as Draft** at any point in the process to complete the form at a later time.

**Note:** Do not use the Back button on the browser. If you need to go to a previous screen, select the **Previous** button.
SDI Online will accept valid ICD-9 and ICD-10 codes.

If the patient’s disability is diagnosed as permanent, you should still provide a date in the “Date you released or anticipate releasing patient to return to his/her regular customary work” field.

**Note:** If the disability is permanent, enter a date that is five years from your signature date.
Physicians/Practitioners can provide an estimated number of days they anticipate the patient to be disabled postpartum.

➤ Example: If the physician/practitioner allows the patient 6-8 weeks of postpartum disability, depending on the delivery type, then:

- Enter the number 42 in the Vaginal Delivery field (6 weeks x 7 days a week = 42)

OR

- Enter the number 56 in the Cesarean Delivery field (8 weeks x 7 days a week = 56).

Select Next.
Verify the ICD code(s) is correct for the claim and select Next.

If it is not correct, select Delete and re-input the correct code(s) in the Claim Information section.
Once the form is completed, select the box in the Certification section that best describes your role to authorize an electronic signature.

Before submitting the form, you may view the form by selecting the link at the bottom of the page.

Select Submit. You will be directed to the Confirmation page and provided a Form Receipt Number.

**Note:** physician/practitioner representatives submitting the DE 2501B on behalf of the physician/practitioner should select All Physicians.
On the **Confirmation** screen, select the **Form Receipt Number** link to open a PDF printer-friendly view of the information that is submitted.
Submit a Supplementary Certificate for Continued Benefits, DE 2525XX
On the Home page, to submit a DE 2525XX – Supplementary Certificate:

Select a preferred search method from the Search By drop down menu.

Verify the information in the Search Results section matches the patient’s records.

Then select the Claim ID link.
Under the **My Forms Available to Submit** section, select the **2525XX Supplemental Medical Cert** link.
Complete the Physician/Practitioner Supplementary Certificate parts and select Next.

Mandatory fields are marked with a red asterisk (*).
Once the form is completed, select the box in the **Certification** section that best describes your role to authorize an electronic signature.

Before submitting the form, you may view the form by selecting the link at the bottom of the page.

Select **Submit**. You will be directed to the **Confirmation** page and provided a Form Receipt Number.

**Note:** physician/practitioner representatives submitting the DE 2525XX on behalf of the physician/practitioner should select the **All Physicians** box.
On the **Confirmation** screen, select the **Form Receipt Number link** to open a PDF printer-friendly view of the information that is submitted.
Submit a DE 2501F
PFL  Care Claim
On the Home page, under the Search section, you may search for your patient’s care provider’s PFL claim:

- Search by “Patient/PFL Receipt Number” to submit PFL forms for your patient’s care provider.

- Search by the last four digits of the patient’s SSN, Date of Birth, and Last Name.

You must also enter the patient’s care provider’s last name to begin the search.

**Note:** In order to submit the physician/practitioner portion of the DE 2501F online, the patient’s care provider must have already submitted their part of the DE 2501F.
In the View Claimant DE 2501F section, you may select the link to view the claimant portion of the form.

Select **Next** to complete the certificate.
On the Treatment Address page, select the treatment address of where the patient is being treated.
Verify the information showing is correct and complete the **Physician/Practitioner Information** section and select **Next**.

Mandatory fields are marked with a red asterisk (*).
SDI Online will accept valid ICD-9 and ICD-10 codes.

If the patient’s disability is diagnosed as permanent, select the Permanent Care Required box.

Complete all applicable fields, then select Next.
Once the form is completed, select the box in the **Certification** section to authorize an electronic signature.

Before submitting the form, you may view the form by selecting the link at the bottom of the page.

Select **Submit**. You will be directed to the **Confirmation** page and provided a Form Receipt Number.
On the **Confirmation** screen, select the **Form Receipt Number** link to open a PDF printer-friendly view of the information that is submitted.
Submit a Paper Claim Form

Disability Insurance (DE 2501)
Paid Family Leave (DE 2501F)
Claim for Disability Insurance (DI) Benefits Form, DE 2501

The Optical Character Recognition (OCR) version of paper form, DE 2501, for DI benefits is scanned and interfaces with SDI Online.

Part A pages 1-4:
Claimant’s Statement

Do not photocopy or fax this form.
Claim for Disability Insurance (DI) Benefits Form, DE 2501

The Optical Character Recognition (OCR) version of paper form, DE 2501, for DI benefits is scanned and interfaces with SDI Online.

Part B pages 5-7: Physician’s/Practitioner’s Certificate

Do not photocopy or fax this form.
Claim for Paid Family Leave (PFL) Benefits, Form DE 2501F

Page 1: Claimant’s Statement

Page 2: Care Recipient’s Authorization
Claim for Paid Family Leave (PFL) Benefits, Form DE 2501F

Page 3: Bonding Certification and Statement of Care Recipient.

Page 4: Doctor’s Certification.
To avoid delays in claims processing, complete the form as follows:

• Use black ink only.

• Type or write clearly within the boxes provided.

• Fill out only the physician’s/practitioner’s portion of the form:
  
  o Part B for Disability Insurance (DE 2501)
  o Page D for Paid Family Leave (DE2501F)

• Provide only one medical license number. If licensed in multiple scopes of practice, use the license for the type of disability you are certifying for.

• Do not fax or photocopy the form.

• Mail the completed form to the EDD in the pre-addressed envelope provided.

• Do not mail this form to the EDD if you have already submitted this claim online.
Visit www.edd.ca.gov/disability for more information about State Disability Insurance.

For help with SDI Online for physicians/practitioners, call 1-855-342-3645
(please do not give this number out to patients)

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-866-490-8879 (voice), or through the California Relay Service at 711.