SDI Online Tutorial: Physician/Practitioner Online Access Information
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Create an SDI Online Account
To create a State Disability Insurance (SDI) Online account, visit www.edd.ca.gov/disability.

Select any SDI Online link.

You will be directed to the State Disability Insurance (SDI) Online page.
Select the SDI Online Registration link.

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

Select **Try Another** to change the text shown.

Select **Vision Impaired** to listen to the words.
Read the Terms and Conditions and select I Agree.

Selecting I Disagree prevents an account from being established.
You will now be directed to the Account Verification Information page.

Fill out all of the information requested. The red asterisks indicate required fields that must be completed. Once all the information is filled out, select Next.

When creating an SDI Online account, remember to:
• Enter 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.
Create a Username and Password. Select the security questions and provide an answer for each question.

Select a Personal Image and create a caption for the image. Then select Next.

Note: Selecting Refresh to get new set of personal images erases the Password entered at the top of the page.
On the **Personal Profile Information** page, select your preferred method of communication, then select **Submit**.
When the account is successfully created, the **Account Setup Confirmation** page will appear.

If you selected electronic communication, a notification will be sent to you via e-mail and a letter will be mailed to you confirming this account has been created.

If you selected paper communication, a letter will be mailed to you.

Select **Login** to access your newly created account.
Access SDI Online Accounts
To access your account, 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.

You will be directed to the Confirm Your Personal Image and Log In page.
In some instances, you may be asked to respond to the security questions that were established when the account was created.

Type the answer to the security questions and select **Next.**
On the **Confirm Your Personal Image and Log In** page, enter your Password and select **Log In** to be taken to the **Home** screen.

**Note:** The Personal Image helps identify that you have entered the correct Username.
On the Home page, under the Search section, you can:

- Search by “Last 4 digits of SSN” or “Patient Receipt Number” to submit a Physician/Practitioner’s Certificate, DE 2501.
- “Date of Birth” is conditionally required when searching by SSN.
- Search by “Claim ID” to view forms to be submitted.
- Search by “My Receipt Number” to view the forms submitted by the user.

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

- **Inbox**: Will take you to the Message Center. You will be able to access messages from the EDD.

- **Saved Drafts**: You can see all the saved draft forms that have been started but have not yet been submitted to the EDD.

**Note**: Forms in Saved Drafts will be deleted after 30 days.
• **Manage My Profile:** You can update profile information, including treatment addresses and physician/practitioner representatives.

• **Contact Us:** You are able to submit questions to the State Disability Insurance office. Responses will appear in the Inbox in the Message Center.
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.
You will be directed to the **Treatment Address** page.

Once the treatment addresses are added, they will display on this page.

You can select **Modify** or **Delete** to manage your treatment addresses.

To add additional treatment addresses, select **Add**. On the **Add Modify Treatment Address** page, complete all fields and select **Save**.
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, from the Home page, select Manage My Profile from the Main Menu.
On the Physician/Practitioner Update Personal Profile Information screen, select Manage Medical Representative from the Page Menu.

On the Add Delete Medical Representative page, select the Add button.
On the **Add Modify Medical Representative** page, complete all required fields.

You will need to select a treatment address, then select **Save**.
Once the Physician/Practitioner representatives are added, they will display on the Add Delete Medical Representative page.

You can select **Modify** or **Delete** to manage your added representatives.

To add additional representatives, select **Add**. On the Add Delete Medical Representative page, complete all fields including selecting a treatment address, and select **Save**.
Submit a DE 2501 Part B – Physician/Practitioner Certificate
To submit a DE 2501 Part B – Physician/Practitioner Certificate:

- Search by “Last 4 digits of SSN” or “Patient Receipt Number” and patient last name. “Date of Birth” is conditionally required when searching by SSN.
- Verify the information in the Search Results section matches the claimant’s records.
- The Receipt Number link will allow you to view what the claimant submitted on their portion of the DE 2501 Part A - Claimant Statement.
- Select Submit Physician/Practitioner Certificate 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 Treatment Address page, select the treatment address of where the patient is being treated.

Note: There will be a number of bubbles at the top of the page to indicate the step you are on at any given moment. Each step will have a title to indicate the section you are in.

You will be taken to the View Claimant Portion page.

The link allows you to view the claimant portion of the form.

Select Next to complete the certificate.
When completing the initial claim form, you can select the **Save as Draft** button at any time.

There are several mandatory fields that must be completed before the form can be submitted. These fields contain a red asterisk.

Complete this section and select **Next**.

**Warning:**
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.

- Example: If the disability is permanent, enter a date in the far future, such as 01-01-2050.
Physicians/Practitioners can provide an estimated number of days they anticipate the patient to be disabled postpartum.

- Example: If the doctor is allowing the claimant 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).

Once the Next button is selected, the system will prompt the user if there is anything to be verified.
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.

Once the form is submitted, you will be directed to the Confirmation page and provided a Form Receipt Number.
On the **Confirmation** screen, selecting the **Form Receipt Number** will open up a PDF printer-friendly view of the information that is submitted.
Submit a DE 2525xx Supplementary Certificate to Continue Benefits
To submit a Supplementary Certificate:

- Search by “Claim ID” and patient last name.

- Verify the claimant information in the Search Results.

- Select the Claim ID to view the claim information.

You will be directed to the Claim Summary page.
On the **Claim Summary** page, under the **My Forms Available** section, you will be able to view all available medical forms to submit for the claimant.

Select the form you want to complete.
The selected form will appear.

Enter the information requested for Part 1 and continue to the following page by selecting Next.

Tip: Use the Save as Draft button to save the data and return to complete the form later.

Mandatory fields are indicated with a red asterisk.
Continue entering information on Part 2 as appropriate.

Every page will have the option to Save as Draft.

Select Next to continue completing the form.
To submit the form, select the certification type and the **Submit** button.

You will be taken to the **Confirmation** page and provided with a Form Receipt Number.

On the **Confirmation** screen, selecting the **Form Receipt Number** will open up a PDF printer-friendly view of the information that is submitted.
On the **Claim Summary** page, forms submitted by you will appear in the **My Forms Submitted** section.
Visit www.edd.ca.gov/disability for more information about State Disability Insurance.

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 1-800-480-3287 (voice), or TTY 1-800-563-2441.