



Medical Baseline Allowance Application—Part A (to be completed by patient)

For Medical Baseline Enrollment and Re-Certification

STEP 1 Account and Customer Information (please print)

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PG&E CUSTOMER ACCOUNT NO

CUSTOMER NAME (as it appears on PG&E bill)

MEDICAL BASELINE RESIDENT'S NAME (if different)

SERVICE ADDRESS

APT #

CITY

STATE

ZIP CODE

CUSTOMER MAILING ADDRESS (if different)

APT #

CITY

STATE

ZIP CODE

HOME PHONE #

WORK PHONE #

I understand that:

1. If the qualified medical practitioner certifies the resident's medical condition is permanent, PG&E will require completion of a form self-certifying continued resident's eligibility for Medical Baseline every two years.
2. If the qualified medical practitioner certifies the resident's medical condition is not permanent, PG&E will require completion of a form self-certifying continued resident's eligibility for Medical Baseline each year and completion of a new application with a qualified medical practitioner's certification every two years.
3. If the resident has a vision disability, I may contact PG&E to request special notification when either re-certification (to complete a new application with a qualified medical practitioner certification) or self-certification forms are mailed.
4. PG&E cannot guarantee uninterrupted gas and electric service and I am responsible for making alternate arrangements in the event of a gas or electric outage.
5. Both Part A and Part B of this form needs to be completed and submitted to PG&E, either online or by mail, prior to PG&E processing the application.
6. I may also benefit by participating in energy savings programs such as Energy Upgrade California® Home Upgrade. For income-qualified customers, the Energy Savings Assistance Program provides improvements at no charge. Visit pge.com/saveenergy for more information.
7. The Standard Medical Baseline Allowance provides extra energy at the lowest price. Medical baseline allowances are added to your standard rate plan Baseline allocation. For electricity, it is 16.438 kWh per day (500 kWh per month). This additional amount is equal to the daily consumption of an average electric household. For gas, it is 0.82192 therms per day (25 therms per month). This additional amount is equal to three-quarters of the daily consumption of an average gas household. **If the Medical Baseline Allowances do not meet your medical energy needs, please contact PG&E at 1-800-743-5000.** More information about increasing medical baseline quantities can be found at pge.com/medicalbaseline.

STEP 2 For customers billed by someone other than PG&E

NAME OF MOBILE HOME OR APARTMENT COMPLEX

COMPLEX ADDRESS

COMPLEX MANAGER'S NAME

COMPLEX PHONE #

TENANT'S NAME

TENANT'S PHONE #

STEP 3 How would you prefer to be contacted in the event of a planned and/or unplanned outage?

Please check your PREFERRED method(s) for being contacted below and provide all of the relevant information next to your selection. (Select up to two methods). You will also continue to receive a letter by mail in certain outage situations.

PLANNED OUTAGE CONTACT PREFERENCE

- Call me by phone _____
- Contact me by TTY at phone _____
- Send me a text message at phone _____
- Send me an email at _____

UNPLANNED OUTAGE CONTACT PREFERENCE

- Call me by phone _____
- Contact me by TTY at phone _____
- Send me a text message at phone _____
- Send me an email at _____

STEP 4 Signature

I certify that the above information is correct. I also certify that the Medical Baseline resident lives full-time at this address, and requires or continues to require the Medical Baseline Allowance. I agree to allow PG&E to verify this information. I also agree to notify PG&E promptly if the qualified resident moves or Medical Baseline Allowance is no longer needed by the resident.

SIGN HERE



Medical Baseline Allowance Application—Part B (to be completed by Medical Practitioner)

Medical Practitioner’s Certification For Medical Baseline Enrollment and Re-Certification

STEP 5 To be completed by a qualified medical practitioner*

I certify that the medical condition and needs of my patient (please print):

LAST NAME

FIRST NAME

1. Requires use of a life-support device[†] (check one)

Yes No

The following life-support device(s) is/are used in the above named patient’s home:

Device: _____ Electricity Gas

Device: _____ Electricity Gas

Device: _____ Electricity Gas

[†]A qualifying life-support device is any medical device used to sustain life or is relied upon for mobility. This device must run on gas or electricity supplied by PG&E. It includes, but is not limited to, respirators (oxygen concentrators), iron lungs, hemodialysis machines, suction machines, electric nerve stimulators, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers, compressors, IPPB machines, kidney dialysis machines, and motorized wheelchairs. **Devices used for therapy rather than life-support do not qualify.**

2. Requires heating and cooling:

Standard Medical Baseline Allowances are available for heating and/or cooling if patient is Paraplegic, Quadriplegic, Hemiplegic, has Multiple Sclerosis or Scleroderma. Standard Medical Baseline Allowances are also available if patient has a compromised immune system, life threatening illness, or any other condition for which **additional heating or cooling is medically necessary to sustain the person’s life or prevent deterioration of the person’s medical condition.**

Requires Standard Medical Baseline Allowance for **heating**: (check one) Yes No

Requires Standard Medical Baseline Allowance for **cooling**: (check one) Yes No

3. I certify that the life support device(s) and/or additional heating or cooling will be required for approximately: (complete one)

No. of Years _____ or Permanently

MEDICAL PRACTITIONER’S NAME

PHONE #

OFFICE ADDRESS

CITY

STATE

ZIP CODE

MEDICAL STATE LICENSE OR MILITARY LICENSE NUMBER

SIGN HERE

*A licensed physician, person licensed pursuant to the Osteopathic Initiative Act, nurse practitioner, or physician assistant may certify a patient eligibility as having a life-threatening condition or illness.

Mail application to:

PG&E
Credit and Records Center
Medical Baseline
 P.O. Box 8329
 Stockton, CA 95208

UTILITY USE ONLY

Date Received: _____

Medical Baseline Allocation:

Electric unit(s) Gas unit(s)

Recertification:

Self-certify every 2 years

Self-certify annually; qualified medical practitioner’s certification every 2 years