Medical Baseline Allowance Application

For Medical Baseline Enrollment and Re-Certification

STEP 1 Account and Customer Information (please print)

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 #

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 TDD/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 TDD/TTY at phone ____
- ☐ Send me a text message at phone ____
- ☐ Send me an email at ____

I understand that:

1. If the doctor 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 doctor 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 doctor'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 doctor's 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.

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

CUSTOMER SIGNATURE

DATE

The Standard Medical Baseline Allowance is 16.438 kWh of electricity and/or 0.82192 therms of natural gas per day, which is in addition to your daily standard Baseline Allocation. If this allowance does not meet your medical needs, please contact PG&E at 1-800-743-5000 to discuss additional amounts.

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STEP 5 To be completed by a licensed Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.)

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

DOCTOR'S NAME PHONE #

OFFICE ADDRESS

CITY STATE ZIP CODE

MD/DO CALIFORNIA STATE LICENSE OR MILITARY LICENSE NUMBER

SIGNATURE OF DOCTOR DATE

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; Doctor's certification every 2 years