Please go to https://www.pge.com/medicalpractitioner to start Medical Baseline certification process. The certification form in this address is for qualified medical practitioner use only.
**Medical Baseline Program Application**

**For Medical Baseline Program Enrollment and Assistance**

---

### STEP 1  Account and Customer Information [Please print.]

<table>
<thead>
<tr>
<th>PG&amp;E Customer Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7 8 9 0</td>
</tr>
</tbody>
</table>

**Wendy Smith**

**Customer First and Last Name:** [as it appears on PG&E bill]

**Wendy Smith**

**Resident With Medical Condition First and Last Name:** (the customer or a full-time resident in the service address)

**123 Main St**

**Service Address**

San Francisco, CA 94016

**City**

**State**

**ZIP Code**

**Customer Mailing Address** (if different than service address)

**Customer Home Phone Number**

**Customer Email**

wsmith@email.com

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**Part A of the application form will be filled in by the customer and will appear prepopulated with the information.**

**Please check the “Resident With Medical Condition First and Last Name” before proceeding to the next page of the form.**

**Note:** The customer is the person who has a service contract(s) with PG&E. The customer might be different than the resident with medical condition.

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**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 Telephone**

**Tenant’s Name**

**Tenant’s Telephone**

---

**Note:** Step 2 is only for Master Meter tenants (i.e. residents of mobile home parks).

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**STEP 3  Contact preferences for outages or other Medical Baseline communications [Check all that apply.]**

Please make sure PG&E has your correct contact preferences so we can reach you in advance of a planned public safety power shutoff (PSPS) or other situations that may result in an outage. In certain situations, we may also send a letter. All contact methods will be used during a PSPS event.

**Contact Preferences**

- [ ] Phone number...
- [ ] Text mobile number...
- [ ] Email...
- [ ] Contact for Deaf/hard of hearing...

**TTY is a specialized telecommunication device for the deaf and hard of hearing.**

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**STEP 4  Signature**

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

**SIGN**

Wendy Smith

**DATE**

02/03/2021
**STEP 5** To be completed by a qualified medical practitioner

I certify that the medical condition and needs of my patient (Please print.)

<table>
<thead>
<tr>
<th>PATIENT'S LAST NAME</th>
<th>PATIENT'S FIRST NAME</th>
</tr>
</thead>
</table>

1a. Patient is on in-home hospice care (Check one.)

- Yes
- No

1b. Requires use of life support device(s) (Check one.)

- Yes
- No

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

<table>
<thead>
<tr>
<th>Device</th>
<th>Electricity</th>
<th>Gas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* A qualifying life support device is any medical device used to sustain life or relied upon for mobility. This device must run on gas or electricity delivered 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/or cooling:

Standard Medical Baseline allowances are available for heating and/or cooling if the patient is a paraplegic, quadriplegic, hemiplegic, has multiple sclerosis or scleroderma. Standard Medical Baseline allowances are also available if the patient has a compromised immune system, life-threatening illness, or any other condition for which additional heating or cooling is medically prevent deterioration of the patient's medical condition.

- Additional heating is medically necessary: (Check one.)
  - Yes
  - No

- Additional cooling is medically necessary: (Check one.)
  - Yes
  - No

Please specify if your patient has special heating and/or cooling related to their medical condition.

3. I certify that the life support device(s) and/or additional heating or cooling is medically necessary:

- Number of Years: ________ or Permanently

Please specify whether your patient's medical condition is permanent or non-permanent. Please type in number of years if the patient's medical condition is non-permanent.

**MEDICAL PRACTITIONER’S NAME**

**PHONE NUMBER**

**OFFICE ADDRESS**

**CITY**

**MEDICAL STATE LICENSE OR MILITARY LICENSE NUMBER**

Please type in your full name and medical license number as it appears on your medical license. Please type in your full address and phone number. PG&E needs this information to verify the certification when necessary.

**SIGN**

Please type in your full name as it appears on your medical license. This will be your electronic signature.

**DATE**

Please type in the date you certify the patient in MM/DD/YYYY format.

Mail application to:
PG&E Billing Center Medical Baseline
P.O. Box 8329, Stockton, CA 95208

OR
The application has expired. Please inform your patient that they need to submit a new online application and obtain a new confirmation number.

Please check that you are typing in the correct confirmation number.
The confirmation number consists of a series of letters and numbers and is case sensitive.

The Medical Practitioner Portal screen has been temporarily locked. You can try again in 15 minutes.

Please check that you are typing in the correct confirmation number.
The confirmation number consists of a series of letters and numbers and is case sensitive.