

PUBLIC UTILITIES COMMISSION
505 Van Ness Avenue
San Francisco CA 94102-3298



Pacific Gas & Electric Company
ELC (Corp ID 39)
Status of Advice Letter 4429G/6181E
As of June 23, 2021

Subject: Pacific Gas and Electric Company's Proposed Modifications to Medical Baseline Program Self-Certification Request Form (Form 61-0502) and Medical Baseline Program Application (Form 62-3481)

Division Assigned: Energy

Date Filed: 05-03-2021

Date to Calendar: 05-05-2021

Authorizing Documents: D2006003

Disposition:	Accepted
Effective Date:	07-01-2021

Resolution Required: No

Resolution Number: None

Commission Meeting Date: None

CPUC Contact Information:

edtariffunit@cpuc.ca.gov

AL Certificate Contact Information:

Stuart Rubio

415-973-4587

PGETariffs@pge.com

PUBLIC UTILITIES COMMISSION
505 Van Ness Avenue
San Francisco CA 94102-3298



To: Energy Company Filing Advice Letter

From: Energy Division PAL Coordinator

Subject: Your Advice Letter Filing

The Energy Division of the California Public Utilities Commission has processed your recent Advice Letter (AL) filing and is returning an AL status certificate for your records.

The AL status certificate indicates:

- Advice Letter Number
- Name of Filer
- CPUC Corporate ID number of Filer
- Subject of Filing
- Date Filed
- Disposition of Filing (Accepted, Rejected, Withdrawn, etc.)
- Effective Date of Filing
- Other Miscellaneous Information (e.g., Resolution, if applicable, etc.)

The Energy Division has made no changes to your copy of the Advice Letter Filing; please review your Advice Letter Filing with the information contained in the AL status certificate, and update your Advice Letter and tariff records accordingly.

All inquiries to the California Public Utilities Commission on the status of your Advice Letter Filing will be answered by Energy Division staff based on the information contained in the Energy Division's PAL database from which the AL status certificate is generated. If you have any questions on this matter please contact the:

Energy Division's Tariff Unit by e-mail to
edtariffunit@cpuc.ca.gov

May 3, 2021

Advice 4429-G/6181-E

(Pacific Gas and Electric Company U 39 M)

Public Utilities Commission of the State of California

Subject: Pacific Gas and Electric Company's Proposed Modifications to Medical Baseline Program Self-Certification Request Form (Form 61-0502) and Medical Baseline Program Application (Form 62-3481)

Purpose

Pacific Gas and Electric Company (PG&E) submits this advice letter to revise and update the following forms to improve the enrollment and re-certification process in the medical baseline (MBL) program for customers and qualified medical practitioners:

- Gas and Electric Form 61-0502—*Medical Baseline Program Self-Certification Request Form*
- Gas and Electric Form 62-3481—*Medical Baseline Program Application*

PG&E's proposed modifications will enable it to collect the information that is required to support the online enrollment and re-certification process as well as a qualified medical practitioner's ability to e-sign required forms, as required by D.20-06-003, Ordering Paragraph (OP) 36. PG&E also proposes minor typographical updates for clarity.

Additionally, PG&E is making minor updates to Gas and Electric Rule 19 to comport with the changes to the Gas and Electric forms.

Redlines of the changes made to the forms and tariffs have been included but are also outlined below.

Background

On June 16, 2020, the Commission issued the *Phase I Decision Adopting Rules and Policy Changes to Reduce Residential Customers Disconnections for the Larger California-Jurisdictional Energy Utilities* (D.20-06-003). D.20-06-003, Ordering Paragraph OP 36 states:

Southern California Edison Company, Pacific Gas and Electric Company, San Diego Gas & Electric Company, and Southern California Gas Company shall each implement a procedure to allow qualified medical professionals to e-sign applications for the medical baseline program.

On August 17, 2020, PG&E submitted Advice 4293-G/5916-E pursuant to D.20-06-003, OPs 39-41 to implement Senate Bill 1338's requirements in support of the MBL program. In Advice 4293-G/5916-E, PG&E described its efforts to support the electronic authorization processes required in D.20-06-003, OP 36. This includes revising the online MBL application form and providing an online process to allow qualified medical practitioners to authorize customers' eligibility ("Medical Practitioner Portal"). The online form and Medical Practitioner Portal will be implemented on July 1, 2021 to align with the currently planned expiration of the COVID-19 Consumer Protections. In parallel, PG&E's Medical Baseline Self-Certification online form will also be updated to reflect the changes requested to Gas and Electric Form 61-0502—*Medical Baseline Program Self-Certification Request Form*. However, given the timing of the transition from suspending the need for certification as part of the COVID consumer protections, to again requiring certification, both the current and revised versions of the form may be used by PG&E for an interim period until the online self-certification portal is updated. PG&E will be working to implement these revisions to the online enrollment portal as soon as feasible.

Form Revisions

PG&E summarizes the proposed changes below:

- Gas and Electric Form 61-0502—*Medical Baseline Program Self-Certification Request Form*
 - Step 1: Account and Customer Information
 - Replace "PG&E Customer Account No." with "PG&E Customer Account Number"
 - Replace "Customer Name (as it appears on PG&E bill)" with "Customer First and Last Name (as it appears on PG&E bill)"
 - Replace "Medical Baseline Residents' Name (if different than customer name)" to "Resident with Medical Condition First and Last Name (the customer or a full time resident in the service address)"
 - Replace "Apt #" with "Apt Number"
 - Replace "Home Phone #" with "Customer Home Phone Number"
 - Replace "Work Phone #" with "Customer Mobile Phone Number"
 - Add new "Customer Email" field that PG&E will use to send confirmation of the application, approval of the application, and renewal requests.
 - Step 2: For customers billed by someone other than PG&E
 - Replace "Complex Phone #" with "Complex Phone Number"
 - Replace "Tenant's Phone #" with "Tenant's Phone Number"

- Step 3: Contact preferences for outages or other Medical Baseline communications
 - Remove fields requesting a second cell phone number, text mobile number, and email.
 - Replace “Contact by TTY at phone number” with “Contact for Deaf/Hard of hearing customers using TTY at phone number”
 - Add footnote to clarify that “TTY” is a specialized telecommunication device for the deaf and hard of hearing.
 - Attestation Box (“I understand and agree that:”)
 - Replace existing verbiage in item 3 to state, “Customers with a vision disability may contact PG&E to request notifications in alternate formats when notices are sent for certification.”
 - Replace verbiage in box below item 3 which states, “Apply at pge.com/selfcertify or mail application to: PG&E Billing Center Medical Baseline P.O. Box 8329, Stockton, CA 95208” with “You can self-certify at pge.com/selfcertify. If you are applying for a new resident with a medical condition, please apply at pge.com/medicalbaseline. You can mail your paper application to: PG&E Billing Center Medical Baseline P.O. Box 8329, Stockton, CA 95208”
 - Add footnote to bottom of page which states, “Information collected on this application is used in accordance with PG&E’s Privacy Policy. The Privacy Policy is available at pge.com/privacy.”
- Gas and Electric Form 62-3481—*Medical Baseline Program Application—Part A*
 - Step 1: Account and Customer Information
 - Replace “PG&E Customer Account No.” with “PG&E Customer Account Number”
 - Replace “Customer Name (as it appears on PG&E bill)” with “Customer First and Last Name (as it appears on PG&E bill)”
 - Replace “Medical Baseline Residents’ Name (if different than customer name)” to “Resident with Medical Condition First and Last Name (the customer or a full-time resident in the service address)”
 - Replace “Apt #” with “Apt Number”
 - Replace “Home Phone #” with “Customer Home Phone Number”
 - Replace “Work Phone #” with “Customer Mobile Phone Number”
 - Add new “Customer Email” field that PG&E will use to send confirmation of the application, approval of the application, and renewal requests.
 - Step 2: For customers billed by someone other than PG&E
 - Replace “Complex Phone #” with “Complex Phone Number”
 - Replace “Tenant’s Phone #” with “Tenant’s Phone Number”
 - Step 3: Contact preferences for outages or other Medical Baseline communications

- Remove fields requesting a second cell phone number, text mobile number, and email.
 - Replace “Contact by TTY at phone number:” with “Contact for Deaf/Hard of hearing customers using TTY at phone number:”
 - Add footnote to clarify that “TTY” is a specialized telecommunication device for the deaf and hard of hearing.
 - Attestation Box (“I understand and agree that:”)
 - Replace existing verbiage in item 3 to state, “Customers with a vision disability may contact PG&E to request notifications in alternate formats when notices are sent for certification.”
 - Add verbiage at the bottom of page which states, “You can apply online at pge.com/medicalbaseline.”
 - Add footnote to bottom of page which states, “Information collected on this application is used in accordance with PG&E’s Privacy Policy. The Privacy Policy is available at pge.com/privacy.”
- Gas and Electric Form 62-3481—*Medical Baseline Program Application—Part B*
 - Add new item 1.a which states, “1.a Patient is on hospice care (Check one.) Yes/No”
 - Update existing item 1, “Requires use of life support device(s): (Check one.)” to item 1.b.
 - Update “Phone #” in item 3 to “Phone Number”
 - The affected notices are listed on the enclosed Attachment 1. For the convenience of the reader, PG&E has provided a redlined version of the revised forms in Attachment 2.

Upon approval of this Tier 2 Advice Letter, PG&E will translate Gas and Electric Form 61-0502—Medical Baseline Program Self-Certification Request Form and Gas and Electric Form 62-3481—Medical Baseline Program Application Form to sixteen additional languages.

Tariff Revisions

PG&E proposes the following revisions to its gas and electric tariffs:

- Electric Rule 19, Medical Baseline Quantities
 - Section A: Replace “has a medical disability” with “depends on electricity for certain medical needs”
 - Section B:
 - Add “visit pge.com/medicalbaseline to learn more about the Medical Baseline Program eligibility requirements and apply online.”
 - Replace “contact your local PG&E office and request” with “You can also download and print” and add “on pge.com/tariffs”
 - Replace “Allowance” with “Program”

- Add “You can also request an application form in alternate formats and obtain more information about the Medical Baseline Program by contacting your local PG&E office or calling PG&E at [1-800-743-5000](tel:1-800-743-5000).”
- Replace “PG&E may also require you to have a licensed physician, a person licensed in accordance with the Osteopathic Initiative Act, nurse practitioner or physician assistant fill out the last page of the form to certify that you qualify for a Medical Baseline Quantity*.” with “Qualified medical practitioners include licensed physicians, surgeons, physician assistants practicing as a part of the customer’s physician team in compliance with the Physician Assistant Practice Act, persons licensed pursuant to the Osteopathic Initiative Act per California Public Utilities Code §739 or nurse practitioners per California Public Utilities Codes §779.3.”
- Section C:
 - Replace “disability” with “qualifying medical condition”
 - Replace “Allowance” with “Program”
 - Replace “doctor’s” with “qualified medical practitioner’s”
 - Update the last paragraph to “Customers not having a permanent qualifying medical condition will complete a Self-Certification after the first year using the “Medical Baseline Program Self-Certification,” Form No. 61-0502, and will be required to “recertify” with a medical practitioner’s signature using the “Medical Baseline Program Application,” Form No. 62-3841, for the following year. Note: This cycle of self-certification followed by recertification repeats for as long as the customer is enrolled in the program.”
- Section D: Add “Please visit pge.com/medicalbaseline for a list of qualifying medical devices.”
- Section E: Delete footnote “Medical Baseline customers who are unable to see their qualified medical practitioner may self-certify eligibility to enroll in the Medical Baseline program for up to one year, through June 30, 2021.”
- Section G: Add “visit pge.com/medicalbaseline or”
- Gas Rule 19, Medical Baseline Quantities
 - Section A: Replace “has a medical disability” with “depends on gas for certain medical needs,”
 - Section B:
 - Add “visit pge.com/medicalbaseline to learn more about the Medical Baseline Program eligibility requirements and apply online.”
 - Replace “contact your local PG&E office and request” with “You can also download and print” and add “on pge.com/tariffs”
 - Replace “Allowance” with “Program”
 - Add “You can also request an application form in alternate formats and obtain more information about the Medical Baseline Program by

- contacting your local PG&E office or calling PG&E at [1-800-743-5000](tel:1-800-743-5000).”
- Replace “PG&E may also require you to have a licensed physician, a person licensed in accordance with the Osteopathic Initiative Act, nurse practitioner or physician assistant fill out the last page of the form to certify that you qualify for a Medical Baseline Quantity*.” with “Qualified medical practitioners include licensed physicians, surgeons, physician assistants practicing as a part of the customer’s physician team in compliance with the Physician Assistant Practice Act, persons licensed pursuant to the Osteopathic Initiative Act per California Public Utilities Code §739 or nurse practitioners per California Public Utilities Codes §779.3.”
 - Section C:
 - Replace “disability” with “qualifying medical condition”
 - Replace “Allowance” with “Program”
 - Replace “doctor’s” with “qualified medical practitioner’s”
 - Update the last paragraph to “Customers not having a permanent qualifying medical condition will complete a Self-Certification after the first year using the “Medical Baseline Program Self-Certification,” Form No. 61-0502, and will be required to “recertify” with a medical practitioner’s signature using the “Medical Baseline Program Application,” Form No. 62-3841, for the following year. Note: This cycle of self-certification followed by recertification repeats for as long as the customer is enrolled in the program.”
 - Section D: Add “Please visit pge.com/medicalbaseline for a list of qualifying medical devices.”
 - Section E: Delete footnote “Medical Baseline customers who are unable to see their qualified medical practitioner may self-certify eligibility to enroll in the Medical Baseline program for up to one year, through June 30, 2021.”
 - Section G: Add “visit pge.com/medicalbaseline or”

Protests

*****Due to the COVID-19, PG&E is currently unable to receive protests or comments to this advice letter via U.S. mail or fax. Please submit protests or comments to this advice letter to EDTariffUnit@cpuc.ca.gov and PGETariffs@pge.com*****

Anyone wishing to protest this submittal may do so by letter sent via U.S. mail, facsimile or E-mail, no later than **May 24, 2021**, which is 21¹ days after the date of this submittal. Protests must be submitted to:

¹ The 20-day protest period concludes on a weekend; therefore, PG&E is moving this date to the following business day

CPUC Energy Division
ED Tariff Unit
505 Van Ness Avenue, 4th Floor
San Francisco, California 94102

Facsimile: (415) 703-2200
E-mail: EDTariffUnit@cpuc.ca.gov

Copies of protests should also be mailed to the attention of the Director, Energy Division, Room 4004, at the address shown above.

The protest shall also be sent to PG&E either via E-mail or U.S. mail (and by facsimile, if possible) at the address shown below on the same date it is mailed or delivered to the Commission:

Sidney Dietz
Director, Regulatory Relations
c/o Megan Lawson
Pacific Gas and Electric Company
77 Beale Street, Mail Code B13U
P.O. Box 770000
San Francisco, California 94177

Facsimile: (415) 973-3582
E-mail: PGETariffs@pge.com

Any person (including individuals, groups, or organizations) may protest or respond to an advice letter (General Order 96-B, Section 7.4). The protest shall contain the following information: specification of the advice letter protested; grounds for the protest; supporting factual information or legal argument; name, telephone number, postal address, and (where appropriate) e-mail address of the protestant; and statement that the protest was sent to the utility no later than the day on which the protest was submitted to the reviewing Industry Division (General Order 96-B, Section 3.11).

Effective Date

Pursuant to General Order (GO) 96-B, Rule 5.1, this advice letter is submitted with a Tier 2 designation. PG&E requests that this Tier 2 advice submittal become effective on **July 1, 2021**.

Notice

In accordance with General Order 96-B, Section IV, a copy of this advice letter is being sent electronically and via U.S. mail to parties shown on the attached list and the parties on the service list for **R.18-07-005 and 18-03-011**. Address changes to the General Order 96-B service list should be directed to PG&E at email address PGETariffs@pge.com. For



ADVICE LETTER SUMMARY

ENERGY UTILITY



MUST BE COMPLETED BY UTILITY (Attach additional pages as needed)

Company name/CPUC Utility No.: Pacific Gas and Electric Company (U 39 M)

Utility type:

- ELC GAS WATER
 PLC HEAT

Contact Person: Stuart Rubio

Phone #: (415) 973-4587

E-mail: PGETariffs@pge.com

E-mail Disposition Notice to: SHR8@pge.com

EXPLANATION OF UTILITY TYPE

ELC = Electric GAS = Gas WATER = Water
 PLC = Pipeline HEAT = Heat

(Date Submitted / Received Stamp by CPUC)

Advice Letter (AL) #: 4429-G/6181-E

Tier Designation: 2

Subject of AL: Pacific Gas and Electric Company's Proposed Modifications to Medical Baseline Program Self-Certification Request Form (Form 61-0502) and Medical Baseline Program Application (Form 62-3481)

Keywords (choose from CPUC listing): Compliance

AL Type: Monthly Quarterly Annual One-Time Other:

If AL submitted in compliance with a Commission order, indicate relevant Decision/Resolution #: D.20-06-003

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL: No

Summarize differences between the AL and the prior withdrawn or rejected AL: N/A

Confidential treatment requested? Yes No

If yes, specification of confidential information:

Confidential information will be made available to appropriate parties who execute a nondisclosure agreement. Name and contact information to request nondisclosure agreement/ access to confidential information:

Resolution required? Yes No

Requested effective date: 7/1/21

No. of tariff sheets: 18

Estimated system annual revenue effect (%): N/A

Estimated system average rate effect (%): N/A

When rates are affected by AL, include attachment in AL showing average rate effects on customer classes (residential, small commercial, large C/I, agricultural, lighting).

Tariff schedules affected: See Attachment 1

Service affected and changes proposed¹: N/A

Pending advice letters that revise the same tariff sheets: N/A

¹Discuss in AL if more space is needed.

Protests and all other correspondence regarding this AL are due no later than 20 days after the date of this submittal, unless otherwise authorized by the Commission, and shall be sent to:

CPUC, Energy Division
Attention: Tariff Unit
505 Van Ness Avenue
San Francisco, CA 94102
Email: EDTariffUnit@cpuc.ca.gov

Name: Sidney Dietz, c/o Megan Lawson
Title: Director, Regulatory Relations
Utility Name: Pacific Gas and Electric Company
Address: 77 Beale Street, Mail Code B13U
City: San Francisco, CA 94177
State: California Zip: 94177
Telephone (xxx) xxx-xxxx: (415)973-2093
Facsimile (xxx) xxx-xxxx: (415)973-3582
Email: PGETariffs@pge.com

Name:
Title:
Utility Name:
Address:
City:
State: District of Columbia Zip:
Telephone (xxx) xxx-xxxx:
Facsimile (xxx) xxx-xxxx:
Email:

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
49736-E	Electric Sample Form No. 61-0502 Medical Baseline Allowance Self-Certification Request Form Sheet 1	44845-E
49737-E	Electric Sample Form No. 62-3481 Medical Baseline Allowance Application Sheet 1	44846-E
49738-E	ELECTRIC RULE NO. 19 MEDICAL BASELINE QUANTITIES Sheet 1	43302-E
49739-E	ELECTRIC RULE NO. 19 MEDICAL BASELINE QUANTITIES Sheet 2	48746-E
49740-E	ELECTRIC RULE NO. 19 MEDICAL BASELINE QUANTITIES Sheet 3	18976-E
49741-E	ELECTRIC TABLE OF CONTENTS Sheet 1	49653-E
49742-E	ELECTRIC TABLE OF CONTENTS Sheet 19	49259-E
49743-E	ELECTRIC TABLE OF CONTENTS Sheet 23	46642-E

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
37141-G	Gas Sample Form No. 61-0502 Medical Baseline Allowance Self-Certification Request Form Sheet 1	35196-G
37142-G	Gas Sample Form No. 62-3481 Medical Baseline Allowance Application Sheet 1	35197-G
37143-G	GAS RULE NO. 19 MEDICAL BASELINE QUANTITIES Sheet 1	34634-G
37144-G	GAS RULE NO. 19 MEDICAL BASELINE QUANTITIES Sheet 2	36965-G
37145-G	GAS RULE NO. 19 MEDICAL BASELINE QUANTITIES Sheet 3	21121-G
37146-G	GAS TABLE OF CONTENTS Sheet 1	37110-G
37147-G	GAS TABLE OF CONTENTS Sheet 7	36921-G
37148-G	GAS TABLE OF CONTENTS Sheet 9	36904-G



Electric Sample Form No. 61-0502
Medical Baseline Allowance Self-Certification Request Form

Sheet 1

**Please Refer to Attached
Sample Form**



Medical Baseline Program Self-Certification Request

STEP 1 Account and Customer Information (Please print.)

PG&E CUSTOMER ACCOUNT NUMBER

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

RESIDENT WITH MEDICAL CONDITION FIRST AND LAST NAME
(the customer or a full-time resident in the service address)

SERVICE ADDRESS

APT NUMBER

CITY

STATE

ZIP CODE

CUSTOMER MAILING ADDRESS (if different than service address)

APT NUMBER

CITY

STATE

ZIP CODE

CUSTOMER HOME PHONE NUMBER

CUSTOMER MOBILE PHONE NUMBER

CUSTOMER EMAIL

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 NUMBER

TENANT'S NAME

TENANT'S PHONE NUMBER

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 customers using TTY at phone number: _____
TTY is a specialized telecommunication device for the deaf and hard of hearing.

I understand and agree that:

1. If the qualified medical practitioner certifies the resident's medical condition is permanent, PG&E requires completion of a form every two years self-certifying the resident's continued eligibility for the Medical Baseline program.
2. If the qualified medical practitioner certifies the resident's medical condition is not permanent, PG&E requires completion of a form every year self-certifying the resident's continued eligibility for the Medical Baseline program and completion of a new application including a qualified medical practitioner's certification every two years.
3. Customers with a vision disability may contact PG&E to request notifications in alternate formats when notices are sent for certification.
4. PG&E cannot guarantee uninterrupted gas and electric service. I am responsible for making alternate arrangements in the event of a gas or an electric outage.
5. Customers may also benefit from energy savings programs such as Energy Upgrade California® Home Upgrade. The Energy Savings Assistance Program for income-qualified customers, provides improvements at no charge. For more information, please visit pge.com/saveenergy.
6. PG&E may share my contact information with organizations such as state and local emergency first response agencies, so that they can provide assistance to PG&E and to me personally during an extended outage to support my safety and well-being.
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 (approx. 500 kWh per month), an additional amount equal to the daily consumption of an average electric household. For gas, it is 0.82192 therms per day (approx. 25 therms per month), an additional amount equal to three-quarters of the daily consumption of an average gas household. **If these Medical Baseline allowances do not meet your medical energy needs, please contact PG&E at 1-800-743-5000.** More information about the Medical Baseline program can be found at pge.com/medicalbaseline.

You can self-certify at pge.com/selfcertify. If you are applying for a new resident with medical condition please apply at pge.com/medicalbaseline. You can mail your paper application to: **PG&E Billing Center Medical Baseline**, P.O. Box 8329, Stockton, CA 95208.

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 or continues to require 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 Medical Baseline program is no longer needed by the resident.**

SIGN

CUSTOMER SIGNATURE

DATE



Electric Sample Form No. 62-3481
Medical Baseline Allowance Application

Sheet 1

**Please Refer to Attached
Sample Form**



Medical Baseline Program Application—Part B (To be completed by Medical Practitioner*)

Medical Practitioner's Certification for Medical Baseline Program Enrollment and Recertification

STEP 5 To be completed by a qualified medical practitioner

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

PATIENT'S LAST NAME

PATIENT'S FIRST NAME

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:

Device: _____ Electricity Gas

Device: _____ Electricity Gas

Device: _____ Electricity Gas

[†]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 necessary to sustain the patient's life or 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

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

Number of Years: _____ or Permanently

MEDICAL PRACTITIONER'S NAME

PHONE NUMBER

OFFICE ADDRESS

CITY

STATE

ZIP CODE

MEDICAL STATE LICENSE OR MILITARY LICENSE NUMBER

SIGN

DATE

*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 Billing Center Medical Baseline
P.O. Box 8329, Stockton, CA 95208

OR

apply online: pge.com/medicalbaseline



ELECTRIC RULE NO. 19
MEDICAL BASELINE QUANTITIES

Sheet 1

A. GENERAL

If you are a residential customer, you are assigned a Baseline quantity. This quantity is the number of kilowatt-hours (kWh) of electricity you may purchase at PG&E's lowest residential rate.

If you or a full-time resident in your home depends on electricity for certain medical needs, you may qualify for a Standard Medical Baseline Quantity in addition to your regular Baseline quantity. The Standard Medical Baseline Quantity is 16.438 kWh per day (approximately) year-round. In other words, you may be able to purchase an additional 16.438 kWh of electricity per day (the equivalent of 500 kWh per month) at a lower rate. The Standard Medical Baseline Quantity used for automated billing is calculated using the unrounded quotient of the following equation: 6,000 kWh per year divided by 365 days. Any billing that requires hand calculations will use 16.438 kWh per day.

(T)
(T)

If the extra 16.438 kWh per day does not meet your medical needs, you may apply for Additional Medical Baseline Quantities, as explained in Part F below.

B. ELIGIBILITY

To qualify for a Standard Medical Baseline Quantity, you must certify in writing that you or a full-time resident in your home is:

- dependent on a life-support device (as defined in Part D below) used in the home or
- a paraplegic, hemiplegic, or quadriplegic person, or a multiple sclerosis patient with special heating and/or cooling needs or
- a person being treated for a life-threatening illness, or a person with a compromised immune system with special heating and/or cooling needs to sustain the life of the person or prevent deterioration of the person's medical condition or
- a scleroderma patient with special heating needs.

(Medical conditions other than multiple sclerosis, scleroderma, paraplegia, hemiplegia, quadriplegia, a life-threatening illness, or having a compromised immune system may also qualify customers for medical quantities for heating or air conditioning. Any such situations will be reviewed on an individual basis.)

(Continued)

<i>Advice</i>	6181-E	<i>Issued by</i>	<i>Submitted</i>	May 3, 2021
<i>Decision</i>	D.20-06-003	Robert S. Kenney	<i>Effective</i>	July 1, 2021
		<i>Vice President, Regulatory Affairs</i>	<i>Resolution</i>	



ELECTRIC RULE NO. 19
MEDICAL BASELINE QUANTITIES

Sheet 2

B. ELIGIBILITY (Cont'd.)

If you believe that you qualify, please visit pge.com/medicalbaseline to learn more about the Medical Baseline Program eligibility requirements and apply online. (T)
(T)

You can also download and print a copy of "Medical Baseline Program Application," Form No. 62-3481 on pge.com/tariffs. (N)
(N)

You can also request an application form in alternate formats and obtain more information about the Medical Baseline Program by contacting your local PG&E office or calling PG&E at 1-800-743-5000. (N)
|
(N)

Qualified medical practitioners include licensed physicians, surgeons, physician assistants practicing as a part of the customer's physician team in compliance with the Physician Assistant Practice Act, persons licensed pursuant to the Osteopathic Initiative Act per California Public Utilities Code §739 or nurse practitioners per California Public Utilities Codes §779.3. (N)
|
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(N)

(D)
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(D)

C. RECERTIFICATION

Customers certified by their qualified medical practitioner as having a permanent qualifying medical condition will need to self-certify their eligibility every two years using the "Medical Baseline Program Self-Certification," Form No. 61-0502, to ensure their continued residence at the service address, but will not need a qualified medical practitioner's signature. (T)
|
(T)

Customers not having a permanent qualifying medical condition will complete a Self-Certification after the first year using the "Medical Baseline Program Self-Certification," Form No. 61-0502, and will be required to "recertify" with a medical practitioner's signature using the "Medical Baseline Program Application," Form No. 62-3841, for the following year. Note: This cycle of self-certification followed by recertification repeats for as long as the customer is enrolled in the program. (T)
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(T)

D. LIFE-SUPPORT DEVICES

A life-support device is any medical device necessary to sustain life or relied upon for mobility. To qualify under this rule, the device must be used in the home and must run on electricity delivered by PG&E. (For devices that run on gas, see Rule 19 in the gas tariff schedule.) Please visit pge.com/medicalbaseline for a list of qualifying medical devices. (N)
(N)

The term "life-support device" includes, but is not limited to, respirators, iron lungs, hemodialysis machines, suction machines, electric nerve stimulators, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers, compressors, IPPB machines, and motorized wheelchairs. (L)

(Continued)



ELECTRIC RULE NO. 19
MEDICAL BASELINE QUANTITIES

Sheet 3

D. LIFE-SUPPORT DEVICES (Con't)

The term "life-support device" includes, but is not limited to, respirators, iron lungs, hemodialysis machines, suction machines, electric nerve stimulators, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers, compressors, IPPB machines, and motorized wheelchairs.

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(L)/(D)

E. HEATING AND AIR CONDITIONING

Special heating and/or air-conditioning needs will qualify you for a Standard Medical Baseline Quantity under this rule only if your main source of energy for heating or air conditioning is electricity delivered by PG&E. (If your main source of energy for heating or air conditioning is gas, please see Rule 19 in the gas tariff schedule.)

F. ADDITIONAL MEDICAL BASELINE QUANTITIES

If you believe that more than the Standard Medical Baseline Quantity of 16.438 kWh per day is needed to operate the life-support device(s) in your home or maintain the temperature required by the qualifying medical condition, you may apply for additional medical quantities. Please contact PG&E at 1-800-743-5000 for assistance.

If PG&E finds that you need more than the standard 16.438 kWh per day, it will increase your daily Medical Baseline Quantity. In determining how many Additional Quantities you will be assigned, PG&E will round its calculation of your total daily kWh medical needs up to the nearest increment of 16.438 kWh.

G. MEDICAL BASELINE QUANTITIES FOR MASTER-METERED CUSTOMERS

Residential tenants of master-metered customers can also qualify for Medical Baseline Quantities. If one or more of your tenants have a medical condition that qualifies under the conditions listed above, please visit pge.com/medicalbaseline or contact your local PG&E office to find out how to apply.

(T)

If you submeter your tenants, any Medical Baseline Quantities must be passed on to the qualifying tenant(s) when you bill tenants for the electricity they use.



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(Continued)



Gas Sample Form No. 61-0502
Medical Baseline Allowance Self-Certification Request Form

Sheet 1

**Please Refer to Attached
Sample Form**

Advice 4429-G
Decision D.20-06-003

Issued by
Robert S. Kenney
Vice President, Regulatory Affairs

Submitted May 3, 2021
Effective July 1, 2021
Resolution _____



Medical Baseline Program Self-Certification Request

STEP 1 Account and Customer Information (Please print.)

PG&E CUSTOMER ACCOUNT NUMBER

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

RESIDENT WITH MEDICAL CONDITION FIRST AND LAST NAME (the customer or a full-time resident in the service address)

SERVICE ADDRESS

APT NUMBER

CITY

STATE

ZIP CODE

CUSTOMER MAILING ADDRESS (if different than service address)

APT NUMBER

CITY

STATE

ZIP CODE

CUSTOMER HOME PHONE NUMBER

CUSTOMER MOBILE PHONE NUMBER

CUSTOMER EMAIL

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 NUMBER

TENANT'S NAME

TENANT'S PHONE NUMBER

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 customers using TTY at phone number: _____

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

I understand and agree that:

1. If the qualified medical practitioner certifies the resident's medical condition is permanent, PG&E requires completion of a form every two years self-certifying the resident's continued eligibility for the Medical Baseline program.
2. If the qualified medical practitioner certifies the resident's medical condition is not permanent, PG&E requires completion of a form every year self-certifying the resident's continued eligibility for the Medical Baseline program and completion of a new application including a qualified medical practitioner's certification every two years.
3. Customers with a vision disability may contact PG&E to request notifications in alternate formats when notices are sent for certification.
4. PG&E cannot guarantee uninterrupted gas and electric service. I am responsible for making alternate arrangements in the event of a gas or an electric outage.
5. Customers may also benefit from energy savings programs such as Energy Upgrade California® Home Upgrade. The Energy Savings Assistance Program for income-qualified customers, provides improvements at no charge. For more information, please visit pge.com/saveenergy.
6. PG&E may share my contact information with organizations such as state and local emergency first response agencies, so that they can provide assistance to PG&E and to me personally during an extended outage to support my safety and well-being.
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 (approx. 500 kWh per month), an additional amount equal to the daily consumption of an average electric household. For gas, it is 0.82192 therms per day (approx. 25 therms per month), an additional amount equal to three-quarters of the daily consumption of an average gas household. **If these Medical Baseline allowances do not meet your medical energy needs, please contact PG&E at 1-800-743-5000.** More information about the Medical Baseline program can be found at pge.com/medicalbaseline.

You can self-certify at pge.com/selfcertify. If you are applying for a new resident with medical condition please apply at pge.com/medicalbaseline. You can mail your paper application to: **PG&E Billing Center Medical Baseline**, P.O. Box 8329, Stockton, CA 95208.

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 or continues to require 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 Medical Baseline program is no longer needed by the resident.**

SIGN

CUSTOMER SIGNATURE

DATE



Gas Sample Form No. 62-3481
Medical Baseline Allowance Application

Sheet 1

**Please Refer to Attached
Sample Form**



Medical Baseline Program Application—Part A (To be completed by customer.)

For Medical Baseline Program Enrollment and Recertification

STEP 1 Account and Customer Information (Please print.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PG&E CUSTOMER ACCOUNT NUMBER

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

RESIDENT WITH MEDICAL CONDITION FIRST AND LAST NAME
(the customer or a full-time resident in the service address)

SERVICE ADDRESS

APT NUMBER

CITY

STATE

ZIP CODE

CUSTOMER MAILING ADDRESS (if different than service address)

APT NUMBER

CITY

STATE

ZIP CODE

CUSTOMER HOME PHONE NUMBER

CUSTOMER MOBILE PHONE NUMBER

CUSTOMER EMAIL

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 NUMBER

TENANT'S NAME

TENANT'S PHONE NUMBER

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 customers using TTY at phone number: _____
TTY is a specialized telecommunication device for the deaf and hard of hearing.

I understand and agree that:

1. If the qualified medical practitioner certifies the resident's medical condition is permanent, PG&E requires completion of a form every two years self-certifying the resident's continued eligibility for the Medical Baseline program.
2. If the qualified medical practitioner certifies the resident's medical condition is not permanent, PG&E requires completion of a form every year self-certifying the resident's continued eligibility for the Medical Baseline program and completion of a new application including a qualified medical practitioner's certification every two years.
3. Customers with a vision disability may contact PG&E to request notifications in alternate formats when notices are sent for certification.
4. PG&E cannot guarantee uninterrupted gas and electric service. I am responsible for making alternate arrangements in the event of a gas or an electric outage.
5. Both Part A and Part B of this form must be completed and submitted to PG&E, online or by mail, prior to PG&E processing the application.
6. Customers may also benefit from energy savings programs such as Energy Upgrade California® Home Upgrade. The Energy Savings Assistance Program for income-qualified customers, provides improvements at no charge. For more information, please visit pge.com/saveenergy.
7. PG&E may share my contact information with organizations such as state and local emergency first response agencies, so that they can provide assistance to PG&E and to me personally during an extended outage to support my safety and well-being.
8. 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 (approx. 500 kWh per month), an additional amount equal to the daily consumption of an average electric household. For gas, it is 0.82192 therms per day (approx. 25 therms per month), an additional amount equal to three-quarters of the daily consumption of an average gas household. **If these Medical Baseline allowances do not meet your medical energy needs, please contact PG&E at 1-800-743-5000.** More information about the Medical Baseline program can be found at pge.com/medicalbaseline.

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

CUSTOMER SIGNATURE _____

DATE _____

Automated Document, Preliminary Statement, Part A

You can apply online at pge.com/medicalbaseline.

FOR INTERNAL USE ONLY:



Medical Baseline Program Application—Part B (To be completed by Medical Practitioner*)

Medical Practitioner’s Certification for Medical Baseline Program Enrollment and Recertification

STEP 5 To be completed by a qualified medical practitioner

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

PATIENT’S LAST NAME

PATIENT’S FIRST NAME

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:

Device: _____ Electricity Gas

Device: _____ Electricity Gas

Device: _____ Electricity Gas

[†]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 necessary to sustain the patient’s life or 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

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

Number of Years: _____ or Permanently

MEDICAL PRACTITIONER’S NAME

PHONE NUMBER

OFFICE ADDRESS

CITY

STATE

ZIP CODE

MEDICAL STATE LICENSE OR MILITARY LICENSE NUMBER

SIGN

DATE

*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 Billing Center Medical Baseline
 P.O. Box 8329, Stockton, CA 95208
OR
apply online: pge.com/medicalbaseline



GAS RULE NO. 19
MEDICAL BASELINE QUANTITIES

Sheet 1

A. GENERAL

If you are a residential customer, you are assigned a Baseline quantity. This quantity is the number of therms of gas you may purchase at PG&E's lowest residential rate.

If you or a full-time resident in your home depends on gas for certain medical needs, you may qualify for a Standard Medical Baseline Quantity in addition to your regular Baseline quantity. The Standard Medical Baseline Quantity is 0.82192 therms per day year-round. In other words, you may be able to purchase an additional 0.82192 therms of gas per day (the equivalent of 25 therms per month) at a lower rate. The Standard Medical Baseline Quantity used for automated billing is calculated using the unrounded quotient of the following equation: 300 therms per year divided by 365 days. Any billing that requires hand calculations will use 0.82192 therms per day.

(T)

If the extra 25 therms does not meet your medical needs, you may apply for Additional Medical Baseline Quantities, as explained in Part F below.

B. ELIGIBILITY

To qualify for a Standard Medical Baseline Quantity, you must certify in writing that you or a full-time resident in your home is:

- dependent on a life-support device (as defined in Part D below) used in the home or
- a paraplegic, hemiplegic, or quadriplegic person, or a multiple sclerosis patient with special heating and/or cooling needs or
- a person being treated for a life-threatening illness, or a person with a compromised immune system with special heating and/or cooling needs to sustain the life of the person or prevent deterioration of the person's medical condition or
- a scleroderma patient with special heating needs.

(Medical conditions other than multiple sclerosis, scleroderma, paraplegia, hemiplegia, quadriplegia, a life-threatening illness, or having a compromised immune system may also qualify customers for medical quantities for heating or air conditioning. Any such situations will be reviewed on an individual basis.)

(Continued)

<i>Advice</i>	4429-G	<i>Issued by</i>	<i>Submitted</i>	May 3, 2021
<i>Decision</i>	D.20-06-003	Robert S. Kenney	<i>Effective</i>	July 1, 2021
		<i>Vice President, Regulatory Affairs</i>	<i>Resolution</i>	



GAS RULE NO. 19
MEDICAL BASELINE QUANTITIES

Sheet 2

B. ELIGIBILITY (Cont'd.)

If you believe that you qualify, please visit pge.com/medicalbaseline to learn more about the Medical Baseline Program eligibility requirements and apply online. . (T)
(T)

You can also download and print a copy of "Medical Baseline Program Application," Form No. 62-3481 on pge.com/tariffs. (N)
(N)

You can also request an application form in alternate formats and obtain more information about the Medical Baseline Program by contacting your local PG&E office or calling PG&E at [1-800-743-5000](tel:1-800-743-5000). (T)
|
(T)

Qualified medical practitioners include licensed physicians, surgeons, physician assistants practicing as a part of the customer's physician team in compliance with the Physician Assistant Practice Act, persons licensed pursuant to the Osteopathic Initiative Act per California Public Utilities Code §739 or nurse practitioners per California Public Utilities Codes & §779.3. (N)
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(D)

C. RECERTIFICATION

Customers certified by their qualified medical practitioner as having a permanent qualifying medical condition will need to self-certify their eligibility every two years using the "Medical Baseline Program Self-Certification," Form No. 61-0502, to ensure their continued residence at the service address, but will not need a qualified medical practitioner's signature. (T)
(T)
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(T)

Customers not having a permanent qualifying medical condition will complete a Self-Certification after the first year using the "Medical Baseline Program Self-Certification," Form No. 61-0502, and will be required to "recertify" with a medical practitioner's signature using the "Medical Baseline Program Application," Form No. 62-3841, for the following year. Note: This cycle of self-certification followed by recertification repeats for as long as the customer is enrolled in the program. (T)
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(T)

D. LIFE-SUPPORT DEVICES

A life-support device is any medical device necessary to sustain life or relied upon for mobility. To qualify under this rule, the device must be used in the home and must run on gas delivered by PG&E. (For devices that run on electricity, see Rule 19 in the tariff schedule for electricity.) Please visit pge.com/medicalbaseline for a list of qualifying medical devices. (N)
(N)

(L)

(Continued)



GAS RULE NO. 19
MEDICAL BASELINE QUANTITIES

Sheet 3

E. HEATING AND AIR CONDITIONING

Special heating and/or air-conditioning needs will qualify you for a Standard Medical Baseline Quantity under this rule only if your main source of energy for heating or air conditioning is gas delivered by PG&E. (If your main source of energy for heating or air conditioning is electricity, please see Rule 19 in the tariff schedule for electricity.)

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(L)/(D)

F. ADDITIONAL MEDICAL BASELINE QUANTITIES

If you believe that more than the Standard Medical Baseline Quantity of 0.82192 therms per day is needed to operate the life-support device(s) in your home or maintain the temperature required by the qualifying medical condition, you may apply for additional medical quantities. Please contact PG&E at 1-800-743-5000 for assistance.

If PG&E finds that you need more than the standard 0.82192 therms per day, it will increase your daily Medical Baseline Quantity. In determining how many Additional Quantities you will be assigned, PG&E will round its calculation of your total daily therm medical needs up to the nearest increment of 0.82192 therms.

G. MEDICAL BASELINE QUANTITIES FOR MASTER-METERED CUSTOMERS

Residential tenants of master-metered customers can also qualify for Medical Baseline Quantities. If one or more of your tenants have a medical condition that qualifies under the conditions listed above, please visit pge.com/medicalbaseline or contact your local PG&E office to find out how to apply.

(T)

If you submeter your tenants, any Medical Baseline Quantities must be passed on to the qualifying tenant(s) when you bill tenants for the gas they use.

Advice 4429-G/6181-E
May 3, 2021

Attachment 2

Tariff and Form Revisions



GAS RULE NO. 19
MEDICAL BASELINE QUANTITIES

Sheet 1

A. GENERAL

If you are a residential customer, you are assigned a Baseline quantity. This quantity is the number of therms of gas you may purchase at PG&E's lowest residential rate.

If you or a full-time resident in your home depends on gas for certain medical needs, (T)
~~has a medical disability,~~ you may qualify for a Standard Medical Baseline Quantity in addition to your regular Baseline quantity. The Standard Medical Baseline Quantity is 0.82192 therms per day year-round. In other words, you may be able to purchase an additional 0.82192 therms of gas per day (the equivalent of 25 therms per month) at a lower rate. The Standard Medical Baseline Quantity used for automated billing is calculated using the unrounded quotient of the following equation: 300 therms per year divided by 365 days. Any billing that requires hand calculations will use 0.82192 therms per day.

If the extra 25 therms does not meet your medical needs, you may apply for Additional Medical Baseline Quantities, as explained in Part F below.

B. ELIGIBILITY

To qualify for a Standard Medical Baseline Quantity, you must certify in writing that you or a full-time resident in your home is:

- dependent on a life-support device (as defined in Part D below) used in the home or
- a paraplegic, hemiplegic, or quadriplegic person, or a multiple sclerosis patient with special heating and/or cooling needs or
- a person being treated for a life-threatening illness, or a person with a compromised immune system with special heating and/or cooling needs to sustain the life of the person or prevent deterioration of the person's medical condition or
- a scleroderma patient with special heating needs.

(Medical conditions other than multiple sclerosis, scleroderma, paraplegia, hemiplegia, quadriplegia, a life-threatening illness, or having a compromised immune system may also qualify customers for medical quantities for heating or air conditioning. Any such situations will be reviewed on an individual basis.)

(Continued)



GAS RULE NO. 19
MEDICAL BASELINE QUANTITIES

Sheet 2

B. ELIGIBILITY (Cont'd.)

If you believe that you qualify, please visit pge.com/medicalbaseline to learn more about the Medical Baseline Program eligibility requirements and apply online. ~~contact your local PG&E office and request a copy of "Medical Baseline Allowance Application," Form No. 62-3481.~~ (T)
(T)

You can also download and print a copy of "Medical Baseline Program Application," Form No. 62-3481 on pge.com/tariffs. (N)
(N)

You can also request an application form in alternate formats and obtain more information about the Medical Baseline Program by contacting your local PG&E office, or calling PG&E at 1-800-743-5000. (N)
|
(N)

Qualified medical practitioners include licensed physicians, surgeons, physician assistants practicing as a part of the customer's physician team in compliance with the Physician Assistant Practice Act, persons licensed pursuant to the Osteopathic Initiative Act per California Public Utilities Code §739 or nurse practitioners per California Public Utilities Codes & §779.3. (N)
|
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(N)

~~PG&E may also require you to have a licensed physician, a person licensed in accordance with the Osteopathic Initiative Act, nurse practitioner or physician assistant fill out the last page of the form to certify that you qualify for a Medical Baseline Quantity*.~~ (D)
|
(D)

C. RECERTIFICATION

Customers certified by their qualified medical practitioner as having a permanent qualifying medical condition disability will need to self-certify their eligibility every two years using the "Medical Baseline Program Allowance Self-Certification," Form No. 61-0502, to ensure their continued residence at the service address, but will not need a doctor's qualified medical practitioner's signature. (T)
(T)
(T)

Customers not having a permanent qualifying medical condition disability will ~~need to complete a Self-Certification after the first year using the "Medical Baseline Program Self-Certification," Form No. 61-0502, and will be required to "recertify" -with a medical practitioner's signature using the "Medical Baseline Program Application," Form No. 62-3841, for the following year. Note: This cycle of self-certification followed by recertification repeats for as long as the customer is enrolled in the program.~~ self-certify each year, and will need a qualified medical practitioner's certification every two years using the "Medical Baseline Allowance Application," Form No. 62-3481. (T)
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(T)

D. LIFE-SUPPORT DEVICES

A life-support device is any medical device necessary to sustain life or relied upon for mobility. To qualify under this rule, the device must be used in the home and must

(Continued)



GAS RULE NO. 19
MEDICAL BASELINE QUANTITIES

Sheet 2

run on gas delivered by PG&E. (For devices that run on electricity, see Rule 19 in the tariff schedule for electricity.) [Please visit pge.com/medicalbaseline](http://pge.com/medicalbaseline) for a list of qualifying medical devices.

(N)
(N)

(L)

(Continued)

Advice 4388-G
Decision

Issued by
Robert S. Kenney
Vice President, Regulatory Affairs

Submitted February 22, 2021
Effective February 22, 2021
Resolution M-4849



GAS RULE NO. 19
MEDICAL BASELINE QUANTITIES

Sheet 3

E. HEATING AND AIR CONDITIONING

Special heating and/or air-conditioning needs will qualify you for a Standard Medical Baseline Quantity under this rule only if your main source of energy for heating or air conditioning is gas delivered by PG&E. (If your main source of energy for heating or air conditioning is electricity, please see Rule 19 in the tariff schedule for electricity.)

(L)
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↓
↓
(L)

~~Medical Baseline customers who are unable to see their qualified medical practitioner may self-certify their eligibility to enroll in the medical baseline program for up to one year, through June 30, 2021.~~

(L)/(D)
↓
(L)/(D)

F. ADDITIONAL MEDICAL BASELINE QUANTITIES

If you believe that more than the Standard Medical Baseline Quantity of 0.82192 therms per day is needed to operate the life-support device(s) in your home or maintain the temperature required by the qualifying medical condition, you may apply for additional medical quantities. Please contact PG&E at 1-800-743-5000 for assistance.

If PG&E finds that you need more than the standard 0.82192 therms per day, it will increase your daily Medical Baseline Quantity. In determining how many Additional Quantities you will be assigned, PG&E will round its calculation of your total daily therm medical needs up to the nearest increment of 0.82192 therms.

G. MEDICAL BASELINE QUANTITIES FOR MASTER-METERED CUSTOMERS

Residential tenants of master-metered customers can also qualify for Medical Baseline Quantities. If one or more of your tenants have a medical condition that qualifies under the conditions listed above, please [visit pge.com/medicalbaseline](http://pge.com/medicalbaseline) or contact your local PG&E office to find out how to apply.

(T)

If you submeter your tenants, any Medical Baseline Quantities must be passed on to the qualifying tenant(s) when you bill tenants for the gas they use.



ELECTRIC RULE NO. 19
MEDICAL BASELINE QUANTITIES

Sheet 1

A. GENERAL

If you are a residential customer, you are assigned a Baseline quantity. This quantity is the number of kilowatt-hours (kWh) of electricity you may purchase at PG&E's lowest residential rate.

If you or a full-time resident in your home depends on electricity for certain medical needs ~~has a medical disability~~, you may qualify for a Standard Medical Baseline Quantity in addition to your regular Baseline quantity. The Standard Medical Baseline Quantity is 16.438 kWh per day (approximately) year-round. In other words, you may be able to purchase an additional 16.438 kWh of electricity per day (the equivalent of 500 kWh per month) at a lower rate. The Standard Medical Baseline Quantity used for automated billing is calculated using the unrounded quotient of the following equation: 6,000 kWh per year divided by 365 days. Any billing that requires hand calculations will use 16.438 kWh per day.

(T)
(T)

If the extra 16.438 kWh per day does not meet your medical needs, you may apply for Additional Medical Baseline Quantities, as explained in Part F below.

B. ELIGIBILITY

To qualify for a Standard Medical Baseline Quantity, you must certify in writing that you or a full-time resident in your home is:

- dependent on a life-support device (as defined in Part D below) used in the home or
- a paraplegic, hemiplegic, or quadriplegic person, or a multiple sclerosis patient with special heating and/or cooling needs or
- a person being treated for a life-threatening illness, or a person with a compromised immune system with special heating and/or cooling needs to sustain the life of the person or prevent deterioration of the person's medical condition or
- a scleroderma patient with special heating needs.

(Medical conditions other than multiple sclerosis, scleroderma, paraplegia, hemiplegia, quadriplegia, a life-threatening illness, or having a compromised immune system may also qualify customers for medical quantities for heating or air conditioning. Any such situations will be reviewed on an individual basis.)

(Continued)



ELECTRIC RULE NO. 19
MEDICAL BASELINE QUANTITIES

Sheet 2

B. ELIGIBILITY (Cont'd.)

If you believe that you qualify, please visit pge.com/medicalbaseline to learn more about the Medical Baseline Program eligibility requirements and apply online. contact your local PG&E office and request a copy of "Medical Baseline Allowance Application," Form No. 623481. (T)
(T)

You can also download and print a copy of "Medical Baseline Program Application," Form No. 62-3481 on pge.com/tariffs. (N)
(N)

You can also request an application form in alternate formats and obtain more information about the Medical Baseline Program by contacting your local PG&E office or calling PG&E at 1-800-743-5000. (N)
↓
(N)

Qualified medical practitioners include licensed physicians, surgeons, physician assistants practicing as a part of the customer's physician team in compliance with the Physician Assistant Practice Act, persons licensed pursuant to the Osteopathic Initiative Act per California Public Utilities Code §739 or nurse practitioners per California Public Utilities Codes §799.3. (N)
↓
↓
↓
(N)

PG&E may also require you to have a licensed physician, a person licensed in accordance with the Osteopathic Initiative Act, nurse practitioner or physician assistant fill out the last page of the form to certify that you qualify for a Medical Baseline Quantity*. (D)
↓
(D)

C. RECERTIFICATION

Customers certified by their qualified medical practitioner as having a permanent qualifying medical condition ~~disability~~ will need to self-certify their eligibility every two years using the "Medical Baseline Allowance Program Self-Certification," Form No. 61-0502, to ensure their continued residence at the service address, but will not need a qualified medical practitioner's ~~doctor's~~ signature. (T)
(T)
(T)

Customers not having a permanent disability-qualifying medical condition will complete a Self-Certification after the first year using the "Medical Baseline Program Self-Certification," Form No. 61-0502, and will be required to "recertify" with a medical practitioner's signature using the "Medical Baseline Program Application," Form No. 62-3841, -for the following year. Note: This cycle of self-certification followed by recertification repeats for as long as the customer is enrolled in the program. (T)
↓
↓
↓
(T)

~~self-certify each year, and will need a qualified medical practitioner's certification every two years using the "Medical Baseline Allowance Application," Form No. 62-3481.~~

D. LIFE-SUPPORT DEVICES

(Continued)



ELECTRIC RULE NO. 19
MEDICAL BASELINE QUANTITIES

Sheet 2

A life-support device is any medical device necessary to sustain life or relied upon for mobility. To qualify under this rule, the device must be used in the home and must run on electricity delivered by PG&E. (For devices that run on gas, see Rule 19 in the gas tariff schedule.) [Please visit pge.com/medicalbaseline](http://pge.com/medicalbaseline) for a list of qualifying medical devices.

(N)
(N)

The term "life-support device" includes, but is not limited to, respirators, iron lungs, hemodialysis machines, suction machines, electric nerve stimulators, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers, compressors, IPPB machines, and motorized wheelchairs.

(L)

(Continued)

Advice Decision 6092-E

Issued by
Robert S. Kenney
Vice President, Regulatory Affairs

Submitted Effective Resolution February 22, 2021
February 22, 2021
M-4849



ELECTRIC RULE NO. 19
MEDICAL BASELINE QUANTITIES

Sheet 3

E. HEATING AND AIR CONDITIONING

Special heating and/or air-conditioning needs will qualify you for a Standard Medical Baseline Quantity under this rule only if your main source of energy for heating or air conditioning is electricity delivered by PG&E. (If your main source of energy for heating or air conditioning is gas, please see Rule 19 in the gas tariff schedule.)

(L)
↓
↓
↓
(L)

~~* Medical Baseline customers who are unable to see their qualified medical practitioner may self-certify their eligibility to enroll in the medical baseline program for up to one year, through June 30, 2021.~~

(L)/(D)
↓
(L)/(D)

F. ADDITIONAL MEDICAL BASELINE QUANTITIES

If you believe that more than the Standard Medical Baseline Quantity of 16.438 kWh per day is needed to operate the life-support device(s) in your home or maintain the temperature required by the qualifying medical condition, you may apply for additional medical quantities. Please contact PG&E at 1-800-743-5000 for assistance.

If PG&E finds that you need more than the standard 16.438 kWh per day, it will increase your daily Medical Baseline Quantity. In determining how many Additional Quantities you will be assigned, PG&E will round its calculation of your total daily kWh medical needs up to the nearest increment of 16.438 kWh.

G. MEDICAL BASELINE QUANTITIES FOR MASTER-METERED CUSTOMERS

Residential tenants of master-metered customers can also qualify for Medical Baseline Quantities. If one or more of your tenants have a medical condition that qualifies under the conditions listed above, please [visit pge.com/medicalbaseline](http://pge.com/medicalbaseline) or contact your local PG&E office to find out how to apply.

(T)

If you submeter your tenants, any Medical Baseline Quantities must be passed on to the qualifying tenant(s) when you bill tenants for the electricity they use.



Electric Sample Form No. 62-3481
Medical Baseline Allowance Application

Sheet 1

**Please Refer to Attached
Sample Form**



Medical Baseline Program Application—Part A (To be completed by customer.)

For Medical Baseline Program Enrollment and Recertification

STEP 1 Account and Customer Information (Please print.)

PG&E CUSTOMER ACCOUNT NO.			Update: "PG&E CUSTOMER ACCOUNT NUMBER"
CUSTOMER NAME (as it appears on PG&E bill)			Update: "CUSTOMER FIRST AND LAST NAME (as it appears on PG&E bill)"
MEDICAL BASELINE RESIDENT'S NAME (if different than customer name)			Update: "RESIDENT WITH MEDICAL CONDITION FIRST AND LAST NAME (the customer or a full time resident in the service address)"
SERVICE ADDRESS		APT #	Update: " APT NUMBER"
CITY	STATE	ZIP CODE	Update: " APT NUMBER"
CUSTOMER MAILING ADDRESS (if different than service address)			APT #
CITY		CODE	Update: " CUSTOMER HOME PHONE NUMBER"
HOME PHONE #		WORK PHONE #	Update: " CUSTOMER MOBILE PHONE NUMBER"

I understand and agree that:

- If the qualified medical practitioner certifies the resident's medical condition is permanent, PG&E requires completion of a form every two years self-certifying the resident's continued eligibility for the Medical Baseline Program.
- Resident certifies the permanent, PG&E requires completion of a form every year self-certifying the resident's continued eligibility for the Medical Baseline Program and completion of a new application including a qualified medical practitioner's certification every two years.
- Resident certifies the permanent, PG&E to request for certification (certification) or self-certification. **Update item 3: "Customers with a vision disability may contact PG&E to request notifications in alternate formats when notices are sent for certification."**
- PG&E cannot guarantee uninterrupted gas and electric service. **Add a CUSTOMER EMAIL section to step 1, as we will be sending email confirmation of the application submission to this email address, approval of application and renewal request to MBL.**
- Customers may also benefit from energy savings programs such as Energy Upgrade California® Home Upgrade. The Energy Savings Assistance Program for income-qualified customers, provides improvements at no charge. For more information, please visit pge.com/saveenergy.
- PG&E may share my contact information with organizations such as state and local emergency first response agencies, so that they can provide assistance to PG&E and to me personally during an extended outage to support my safety and well-being. 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 (approx. 500 kWh per month), an additional amount equal to the daily consumption of an average electric household. For gas, it is 0.82192 therms per day (approx. 25 therms per month), an additional amount equal to three-quarters of the daily consumption of an average gas household. **If these Medical Baseline allowances do not meet your medical energy needs, please contact PG&E at 1-800-743-5000.** More information about the Medical Baseline Program 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 #

Update: "COMPLEX PHONE NUMBER"

Update: "TENANT'S PHONE NUMBER"

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

Call phone number 1: _____

Call phone number 2: _____

Text mobile number 1: _____

Text mobile number 2: _____

Email 1: _____

Email 2: _____

Contact by TTY at phone number: _____

Only allow 4 options of contact preferences and update preferences as follows:

1. Phone number
2. Text Mobile Number
3. Email
4. Contact for Deaf/hard of hearing customers using TTY at phone number:

Add footnote: "TTY is a specialized telecommunication device for the deaf and hard of hearing."

Add footnote: † Information collected on this application is used in accordance with PG&E's Privacy Policy. The Privacy Policy is available at pge.com/privacy.

Add: "You can apply online at pge.com/medicalbaseline." in bold.

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

CUSTOMER SIGNATURE

FOR INTERNAL USE ONLY:



Medical Baseline Program Application—Part B (To be completed by Medical Practitioner*)

Medical Practitioner’s Certification for Medical Baseline Program Enrollment and Recertification

STEP 5 To be completed by a qualified medical practitioner

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

Add: "1.a Patient is on hospice care (Check one)
 Yes No

PATIENT’S FIRST NAME _____

1. Re **Update ID: 1.b**)† (Check one.)

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

- Device: _____ Electricity Gas
- Device: _____ Electricity Gas
- Device: _____ Electricity Gas

†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 necessary to sustain the patient’s life or 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

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

- Number of Years: _____ or Permanently

Update: "PHONE NUMBER"

MEDICAL PRACTITIONER’S NAME _____

PHONE # _____

OFFICE ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

MEDICAL STATE LICENSE OR MILITARY LICENSE NUMBER _____

SIGN →

DATE →

*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 Billing Center
 Medical Baseline
 P.O. Box 8329
 Stockton, CA 95208



Solicitud al Programa Medical Baseline (Tarifas Básicas por Razones Médicas)—Parte A

Para la Inscripción y Recertificación del Programa Medical Baseline

(A ser llenada por el cliente.)

PASO 1 Información del cliente y de la cuenta

(Por favor escriba en letra de imprenta.)

NO. DE LA CUENTA DEL CLIENTE DE PG&E

NOMBRE DEL CLIENTE (como aparece en su factura de PG&E)

NOMBRE DEL CLIENTE al que se extiende la tarifa básica por razones médicas (si es diferente al nombre del cliente)

DIRECCIÓN DONDE SE PRESTA SERVICIO

NO. DEL DEPARTAMENTO

CIUDAD

ESTADO

CÓDIGO POSTAL

DIRECCIÓN POSTAL DEL CLIENTE

(si es diferente a la dirección donde se presta servicio)

NO. DEL DEPARTAMENTO

CIUDAD

ESTADO

CÓDIGO POSTAL

NO. DE TELÉFONO DEL HOGAR

NO. DE TELÉFONO DEL TRABAJO

PASO 2 Para clientes facturados por otro que no sea PG&E

NOMBRE DEL CONJUNTO DE CASAS MÓVILES O DE APARTAMENTOS

DIRECCIÓN DEL COMPLEJO

NOMBRE DEL ADMINISTRADOR DEL COMPLEJO

NO. DE TELÉFONO DEL COMPLEJO

NOMBRE DEL INQUILINO

NO. DE TELÉFONO DEL INQUILINO

PASO 3 Preferencias de contacto durante los apagones u otras comunicaciones de Medical Baseline

(Marque todas las que correspondan.)

Por favor asegúrese de que PG&E tenga sus preferencias de contacto correctas de manera que podamos comunicarnos con usted con anticipación en caso de una interrupción del suministro eléctrico por motivos de seguridad pública (PSPS, por sus siglas en inglés) o alguna otra situación que pudiera resultar en un apagón. En algunos casos, también podríamos enviar una carta. Se utilizarán todos los métodos de contacto durante una PSPS.

PREFERENCIAS SOBRE LOS CONTACTOS

- Llame al número telefónico 1: _____
- Llame al número telefónico 2: _____
- Número móvil para mensajes de texto 1: _____
- Número móvil para mensajes de texto 2: _____
- Correo electrónico 1: _____
- Correo electrónico 2: _____
- Comuníquese por TTY al número telefónico: _____

Comprendo y convengo en que:

1. Si el practicante médico calificado certifica que la condición médica del residente es permanente, PG&E requerirá que cada dos años se llene un formulario auto-certificando la elegibilidad continua del residente al Programa Medical Baseline.
2. Si el practicante médico calificado certifica que la condición médica del residente no es permanente, PG&E requerirá que cada año se llene un formulario auto-certificando la elegibilidad continua del residente al Programa Medical Baseline y que cada dos años se llene una nueva solicitud incluyendo la certificación de un practicante médico calificado.
3. Los residentes con una incapacidad visual pueden comunicarse con PG&E para solicitar una notificación especial cuando se envíen avisos de recertificación (llenar una nueva solicitud con la certificación de un practicante médico calificado) o de auto-certificación.
4. PG&E no puede garantizar que el servicio de gas y electricidad no sea interrumpido. Es mi responsabilidad hacer arreglos alternativos en casos de interrupciones en el servicio de suministro de gas o electricidad.
5. Tanto la Parte A como la Parte B de este formulario deben ser llenadas y presentadas ante PG&E, ya sea por Internet o por correo postal, antes de que PG&E tramite la solicitud.
6. Los clientes también podrían beneficiarse al participar en programas de ahorro de energía como Mejoras para el Hogar con Energy Upgrade California®. Para los clientes con ingresos que reúnan los requisitos, el Programa Energy Savings Assistance proporciona mejoras sin costo alguno. Para más información, por favor visite pge.com/saveenergy.
7. PG&E podría divulgar mi información de contacto a organizaciones tales como agencias estatales y locales de primera respuesta ante emergencias de manera que puedan proporcionar asistencia a PG&E y a mí personalmente para proteger mi seguridad y bienestar durante un apagón prolongado.
8. El límite de consumo permitido estándar de Medical Baseline proporciona energía adicional al precio más bajo. Los límites de consumo permitido de Medical Baseline se añaden a la asignación base de su plan de tarifas estándar. En lo que respecta a la electricidad, es de 16.438 kWh al día (aprox. 500 kWh al mes), una cantidad adicional igual al consumo diario de electricidad de un hogar promedio. En lo que respecta al gas, es de 0.82192 termias al día (aprox. 25 termias al mes), una cantidad adicional igual a tres cuartas partes del consumo diario de gas de un hogar promedio. **Si estos límites de consumo permitido de Medical Baseline no satisfacen sus necesidades médicas de energía, sírvase comunicar con PG&E llamando al 1-800-743-5000.** Puede encontrar más información acerca del Programa Medical Baseline en pge.com/lineabasemédica.

PASO 4 Firma

Certifico que la información anterior es correcta. También certifico que el residente con Medical Baseline vive en esta dirección de tiempo completo y requiere el Programa Medical Baseline. Convengo en permitirle a PG&E verificar esta información. **También convengo en notificar a PG&E oportunamente si el residente calificado se muda o deja de requerir el Programa Medical Baseline.**

FIRMA

FIRMA DEL CLIENTE

FECHA



Solicitud del Programa Medical Baseline—Parte B (A ser llenada por el Practicante Médico*.)

Certificación del Practicante Médico para la Inscripción y Recertificación del Programa Medical Baseline

PASO 5 Para ser completado por un practicante médico calificado

Certifico que por su condición médica y sus necesidades, mi paciente: (por favor escriba en letra de imprenta)

APELLIDO DEL PACIENTE

NOMBRE DEL PACIENTE

1. Requiere el uso de dispositivo(s) de soporte vital[†] (Marque una respuesta.)

Sí No

El(los) siguiente(s) dispositivo(s) de soporte vital es(son) usado(s) en la vivienda del paciente nombrado anteriormente:

Dispositivo: _____ Electricidad Gas

Dispositivo: _____ Electricidad Gas

Dispositivo: _____ Electricidad Gas

[†]Un dispositivo de soporte vital calificado es cualquier dispositivo médico utilizado para mantener signos vitales o en el que se confía para desplazarse. Este dispositivo debe operar con gas o electricidad suministrados por PG&E. Esto incluye, pero no se limita a, respiradores (concentradores de oxígeno), pulmones de acero, aparatos de hemodiálisis, aparatos de succión, estimuladores nerviosos eléctricos, almohadillas y bombas de presión, tiendas para inhalación de aerosol, nebulizadores electrostáticos y ultrasónicos, compresores, respiradores con presión positiva intermitente (IPPB, por sus siglas en inglés), aparatos para diálisis renal, y sillas de ruedas motorizadas. **No clasifican los dispositivos que se empleen para terapia en lugar de soporte vital.**

2. Requiere calefacción y/o refrigeración:

Las extensiones estándar de tarifa básica por razones médicas se encuentran disponibles para calentar y/o enfriar si el paciente es parapléjico, cuadripléjico, hemipléjico, sufre de esclerosis múltiple, o esclerodermia. Los límites de consumo permitido estándar de Medical Baseline también están disponibles si el paciente tiene un sistema inmunológico comprometido, una enfermedad que pone en peligro la vida o cualquier otra condición para la que **sea médicamente necesario contar con calefacción o enfriamiento adicional a fin de sustentar la vida del paciente o evitar el deterioro de la condición médica del paciente.**

Calefacción adicional es médicamente necesaria: (Marque una respuesta.) Sí No

Enfriamiento adicional es médicamente necesario: (Marque una respuesta.) Sí No

3. Certifico que el(los) dispositivo(s) de soporte vital y/o la calefacción o enfriamiento adicional estará(n) requerido(s) por aproximadamente: (Elija una opción.)

Número de años: _____ o Permanente

NOMBRE DEL PRACTICANTE MÉDICO

NO. DE TELÉFONO

DIRECCIÓN DEL CONSULTORIO

CIUDAD

ESTADO

CÓDIGO POSTAL

NÚMERO DE LICENCIA MÉDICA ESTATAL O LICENCIA MILITAR

FIRMA

FECHA

*Un médico con licencia o persona con licencia de conformidad con la Ley de Iniciativa Osteopática, un practicante de enfermería o un asistente médico pueden certificar la elegibilidad de un paciente por tener una condición o enfermedad que represente una amenaza para su vida.

Envíe la solicitud a:

**PG&E Billing Center
Medical Baseline
P.O. Box 8329
Stockton, CA 95208**



醫療能源輔助計劃申請表—B 部分 (由執業醫療人員填寫*)

醫療能源輔助計劃註冊登記及重新證明表之執業醫療人員證明

第五步 由合格執業醫療人員填寫

本人證明下列病人的健康狀況及需要：(請端正填寫)

病人姓氏 _____

病人名字 _____

1. 需要使用生命維持設備[†] (選一個)

是 否

上述病人的住所使用下列生命維持設備：

設備：_____ 電力 天然氣

設備：_____ 電力 天然氣

設備：_____ 電力 天然氣

[†]合格的生命維持設備是指用於維持生命或依賴它來行動的任何醫療設備。該設備必須使用由 PG&E 供應的天然氣或電力。設備包括但不限於呼吸器(氧氣濃縮器)、鐵肺、血液透析機、抽吸機、電動神經刺激器、壓墊及壓泵、氣霧帷幕、靜電及超音波噴霧器、壓縮機、間歇正壓呼吸(IPPB)機、腎透析機及電動輪椅。用於物理治療而非維持生命的設備不合資格。

2. 需要暖氣及/或冷氣：

如果病人患有截癱、四肢麻痺、偏癱、多發性硬化症或硬皮病，可申請標準醫療能源輔助配額供暖氣及/或冷氣使用。如果病人的免疫系統缺損、患有危及生命的疾病或其他任何狀況，在醫療上需要額外的暖氣或冷氣來維持病人生命或避免病人健康狀況惡化，亦可獲得標準醫療能源輔助配額。

在醫療上需要額外暖氣：(選一個) 是 否

在醫療上需要額外冷氣：(選一個) 是 否

3. 本人證明該生命維持設備及/或額外暖氣或冷气的需要時間大約是：(選一個)

年數：_____ 或 永久

執業醫療人員姓名 _____

電話號碼 # _____

醫務所地址 _____

城市 _____

州 _____

郵區 _____

州醫療執照或軍隊執照號碼 _____

簽名

日期

*一名領有執照的醫師、根據《整骨治療倡議法》(Osteopathic Initiative Act) 領有執照的人士、執業護理師或醫師助理可證明病人具有合資格的危及生命狀況或病症。

將申請表寄到：
PG&E Billing Center
Medical Baseline
 P.O. Box 8329
 Stockton, CA 95208

Aplikasyon ng Programa sa Medical Baseline—Bahagi A (Pupunuan ng kostumer.)

Para sa Pagpapa-enroll at Muling Sertipikasyon ng Programa sa Medical Baseline

HAKBANG 1 Impormasyon tungkol sa Account at sa Kostumer (Pakisulat sa malalaking letra)

<input type="text"/>									
ACCOUNT NO. NG KOSTUMER SA PG&E									
PANGALAN NG KOSTUMER (tulad ng nasa PG&E bill)									
PANGALAN NG RESIDENTE NG MEDICAL BASELINE (kung iba sa pangalan ng kostumer)									
ADDRESS KUNG SAAN TUMATANGGAP NG SERBISYO					APT #				
LUNGSOD			ESTADO			ZIP CODE			
ADDRESS NG KOSTUMER PARA SA PAGPADALA NG SULAT <small>(kung iba sa service address)</small>					APT #				
LUNGSOD			ESTADO			ZIP CODE			
TELEPONO SA BAHAY #					TELEPONO SA TRABAHO #				

HAKBANG 2 Para sa mga kostumer na sinisingil ng iba bukod sa PG&E

PANGALAN NG MOBILE HOME O APARTMENT COMPLEX	
ADDRESS NG COMPLEX	
PANGALAN NG TAGAPAMAHALA NG COMPLEX	TELEPONO NG COMPLEX #
PANGALAN NG NANGUNGUPAHAN	TELEPONO NG NANGUNGUPAHAN #

HAKBANG 3 Mga kagustuhan sa pagkontak sa panahon ng pagkawala ng koryente o iba pang komunikasyon (Lagyan ng tsek ang lahat ng naaangkop.)

Siguraduhin na nasa PG&E ang mga wastong kagustuhan sa pagkontak para makontak namin kayo nang maaga sa mga nakaplanong pagpatay ng koryente para sa pampublikong kaligtasan (public safety power shutoff o pagpatay ng koryente para sa kaligtasang pampubliko, PSPS) o iba pang sitwasyon kung saan pwedeng mangyari ang pagkawala ng koryente. Sa ilang sitwasyon, puwede rin kaming magpadala ng sulat. Gagamitin ang lahat ng paraan sa pagkontak sa panahon ng pangyayaring PSPS.

MGA KAGUSTUHAN SA PAGKONTAK

Tawagan ang numero ng telepono 1: _____

Tawagan ang numero ng telepono 2: _____

I-text ang numero ng mobile 1: _____

I-text ang numero ng mobile 2: _____

Email 1: _____

Email 2: _____

Kumontak gamit ang TTY sa numero ng telepono: _____

Nauunawaan ko at sumasang-ayon ako na:

- Kung pinagtibay ng kwalipikadong medical practitioner na permanente ang karamdaman ng residente, hinihingi ng PG&E ang pagkompleto ng form bawat dalawang taon na nagbibigay ng pansariling sertipikasyon para sa patuloy na pagiging kwalipikado ng residente sa programa sa Medical Baseline (may mga espesyal na medikal at pang-enerhiya na pangangailangan).
- Kung pinagtibay ng kwalipikadong medical practitioner na hindi permanente ang karamdaman ng residente, hinihingi ng PG&E ang pagkompleto ng form bawat taon na nagbibigay ng pansariling sertipikasyon para sa patuloy na pagiging kwalipikado ng residente sa programa sa Medical Baseline at pagkompleto ng bagong aplikasyon kabilang na ang sertipikasyon ng kwalipikado medical practitioner bawat dalawang taon.
- Makakakontak sa PG&E ang mga residente na may kapansanan sa paningin para humiling ng natatanging pahayag kapag ipinadala ang mga pahayag para sa muling sertipikasyon (pagkompleto ng bagong aplikasyon kasama ang sertipikasyon ng kwalipikadong medical practitioner) o pansariling sertipikasyon.
- Hindi makakagarantiya ang PG&E sa tuloy-tuloy na serbisyo sa gas at koryente. Kailangang responsable ang kostumer sa pagtupad ng ibang pamamaraan sa panahon ng pagkawala ng gas o koryente.
- Kapwa dapat makompleto ang Bahagi A at Bahagi B ng form na ito at maibigay sa PG&E, online o sa koreo, bago maiproseso ng PG&E ang aplikasyon.
- Puwede ring makinabang ang mga kostumer sa mga programa ng pagtitipid sa enerhiya tulad ng Energy Upgrade California® Home Upgrade. Ang Programang Tulong sa Pagtitipid sa Enerhiya (Energy Savings Assistance Program) ay nagbibigay ng libreng tulongilip; sa improvements para sa mga kustomer na kwalipikado base sa income. Para sa karagdagang impormasyon, pakibisita ang pge.com/saveenergy.
- Maaaring maibabahagi ng PG&E ang aking impormasyon sa pagkontak sa mga organisasyon tulad ng mga pang-estado at lokal na ahensiyang unang tumutugon (first response) sa emergency, para makatulong sila sa PG&E at sa akin nang personal sa panahon ng matagal na pagkawala ng koryente, upang masuportahan ang aking kaligtasan at kagalingan ng katawan at isip.
- Naglalaan ang pamantayang Medical Baseline allowance ng karagdagang enerhiya sa pinakamababang halaga. Idinardag ang allowance sa Medical Baseline sa inyong karaniwan o standard na rate plan baseline allocation (nakalaan para sa plano ng paggamit ng baseline na kostumer). Para sa koryente, ito ay 16.438 kWh kada araw (mga 500 kWh kada buwan), na karagdagang halagang katumbas ng araw-araw na konsumo sa koryente ng isang kabahayan. Para sa gas, ito ay 0.82192 therms bawat araw (mga 25 therms kada buwan), isang karagdagan na katumbas ng tatlong quarter (tatlo mula sa apat na bahagi) ng araw-araw na karaniwang konsumo sa gas ng isang kabahayan.

Kung hindi natutugunan ng mga allowance na ito ng Medical Baseline ang mga pangangailangan ninyo sa enerhiya para sa paggamot, pakikontak ang PG&E sa 1-800-743-5000. Makikita ang karagdagang impormasyon tungkol sa programa sa Medical Baseline sa pge.com/medicalbaseline.

HAKBANG 4 Lagda

Pinatutunayan ko na wasto ang impormasyon na nasa itaas. Pinatutunayan ko rin na ang residente ng Medical Baseline ay buong panahon na naninirahan dito at nangangailangan ng programa sa Medical Baseline. Sang-ayon ako na pahintulutan ang PG&E na suriin kung tumpak ang impormasyong ito.

Sang-ayon din ako na maagap na abisuhan ang PG&E kapag lumipat ng tirahan ang kwalipikadong residente o kung hindi na kailangan ng residente ang programa sa Medical Baseline.

LAGDAAN

LAGDA NG KOSTUMER _____

PETSA _____



Aplikasyon ng Programa sa Medical Baseline—Bahagi B (Pupunuan ng Medical Practitioner*)

Para sa Pagpapa-enroll at Muling Sertipikasyon ng Programa sa Medical Baseline

HAKBANG 5 Pupunuan ng isang kuwalipikadong medical practitioner

Pinatutunayan ko na ang medikal na kondisyon at mga pangangailangan ng aking pasyente ay: (Pakisulat sa malalaking letra.)

APELYIDO NG PASYENTE _____

UNANG PANGALAN NG PASYENTE _____

1. Nangangailangan ng paggamit ng (mga) kagamitang pansuporta ng buhay[†] (Lagyan ng tsek ang isa.)

Oo Hindi

Ginagamit ang sumusunod na (mga) kagamitang pansuporta ng buhay sa tirahan ng pasyenteng pinangalanan sa itaas:

Kagamitan: _____ Koryente Gas

Kagamitan: _____ Koryente Gas

Kagamitan: _____ Koryente Gas

[†]Ang kwalipikadong kagamitang pansuporta sa buhay ay anumang kagamitang medikal na ginagamit para mapanatili ang buhay o ginagamit para makakilos. Dapat na gumagana ang kagamitang ito sa gas o koryente na inihatid ng PG&E. Kasama rito pero hindi limitado sa mga ito, ang respirators (oxygen concentrators), iron lungs, hemodialysis machines, suction machines, electric nerve stimulators, pressure pads at mga bomba, aerosol tents, electrostatic at ultrasonic nebulizers, compressor, IPPB machines, kidney dialysis machines at de-motor na wheelchair. **Ang mga kagamitan na ginagamit sa terapiya sa halip na pansuporta sa buhay ay hindi kuwalipikado.**

2. Kailangang painitin at/palamigin:

May pamantayang mga allowance na Medical Baseline para sa pagpapainit at/o pagpapalamig kung ang pasyente ay paraplegic (paralisado ang ibabang bahagi ng katawan), quadriplegic (paralisado ang lahat ng binti at braso), hemiplegic (paralisado ang isang bahagi ng katawan), may maramihang sclerosis (sakit na nakaaapekto sa utak) o scleroderma (paninigas ng balat). May pamantayang mga allowance na Medical Baseline rin kung ang pasyente ay may mahinang immune system (paglaban ng katawan sa impeksiyon), sakit na banta sa buhay, o iba pang karamdaman kung saan ang **karagdagang pagpapainit o pagpapalamig ay kailangan sa paggamot para mapanatili ang buhay ng pasyente o maiwasan ang paglubha ng karamdaman ng pasyente.**

Kailangan sa paggamot ang karagdagang **pagpapainit**: (Lagyan ng tsek ang isa.) Oo Hindi

Kailangan sa paggamot ang karagdagang **pagpapalamig**: (Lagyan ng tsek ang isa.) Oo Hindi

3. Pinatutunayan ko na ang (mga) kagamitang pansuporta sa buhay at/o karagdagang pagpapainit o pagpapalamig ay kakailanganin nang mga: (Pumili ng isa.)

Bilang ng Mga Taon: _____ o Permanente

PANGALAN NG MEDICAL PRACTITIONER _____

NUMERO NG TELEPONO _____

ADDRESS NG OPISINA _____

LUNGSOD _____

ESTADO _____

ZIP CODE _____

NUMERO NG MEDIKAL NA LISENSIYA MULA SA ESTADO O NG LISENSIYA MULA SA SERBISYO MILITAR _____

LAGDAAN

PETSA

*Ang lisensiyadong doktor, na lisensiyadong tao sang-ayon sa Osteopathic Initiative Act, nurse practitioner o katulong ng doktor ang pwedeng magpatunay sa pagiging kuwalipikado ng pasyente kaugnay ng banta sa buhay na karamdaman o sakit.

Ipadala sa koreo ang aplikasyon sa:

**PG&E Billing Center
Medical Baseline**
P.O. Box 8329
Stockton, CA 95208



Đơn Xin Tham Gia Chương Trình Medical Baseline—Phần A (Do khách hàng điền.)

Dành để Ghi Danh Tham Gia Chương Trình Medical Baseline và Tải Chứng Nhận

BƯỚC 1 Thông Tin về Trương Mục Dịch Vụ và Khách Hàng (Vui lòng viết chữ in hoa.)

SỐ TRƯƠNG MỤC KHÁCH HÀNG PG&E

TÊN KHÁCH HÀNG (như ghi trong hóa đơn PG&E)

TÊN CƯ DÂN SỬ DỤNG DỊCH VỤ MEDICAL BASELINE (nếu không phải là tên khách hàng)

ĐỊA CHỈ NƠI NHẬN DỊCH VỤ

CĂN HỘ #

THÀNH PHỐ

TỈNH BANG

MÃ BƯU CHÍNH

ĐỊA CHỈ NƠI NHẬN THƯ CỦA KHÁCH HÀNG (nếu không phải là địa chỉ nhận dịch vụ)

CĂN HỘ #

THÀNH PHỐ

TỈNH BANG

MÃ BƯU CHÍNH

SỐ ĐIỆN THOẠI NHÀ

SỐ ĐIỆN THOẠI SỞ LÀM

BƯỚC 2 Dành cho những khách hàng nhận hóa đơn dịch vụ của bên khác không phải là PG&E

TÊN KHU CHUNG CỨ HOẶC KHU NHÀ LƯU ĐỘNG

ĐỊA CHỈ KHU NHÀ

TÊN QUẢN LÝ KHU NHÀ

SỐ ĐIỆN THOẠI CỦA KHU NHÀ

TÊN NGƯỜI THUÊ NHÀ

SỐ ĐIỆN THOẠI CỦA NGƯỜI THUÊ NHÀ

BƯỚC 3 Các lựa chọn ưu tiên về liên lạc trong trường hợp cúp điện hoặc liên lạc khác liên quan đến dịch vụ Medical Baseline (Đánh dấu tất cả các lựa chọn thích hợp.)

Vui lòng báo PG&E có các lựa chọn ưu tiên về liên lạc của quý vị chúng tôi có thể liên lạc quý vị trước khi thực hiện kế hoạch ngắt điện để bảo đảm an toàn công cộng (PSPS) hoặc các tình huống khác có thể dẫn đến cúp điện. Trong một số trường hợp, chúng tôi cũng có thể gửi thư. Tất cả các phương thức liên lạc sẽ được sử dụng trong trường hợp có PSPS.

CÁC LỰA CHỌN ƯU TIÊN VỀ LIÊN LẠC

- Số điện thoại để gọi 1: _____
- Số điện thoại để gọi 2: _____
- Số di động để nhận tin 1: _____
- Số di động để nhận tin 2: _____
- Email 1: _____
- Email 2: _____
- Liên lạc bằng TTY tại số điện thoại: _____

Tôi hiểu và đồng ý rằng:

- Nếu chuyên gia y tế có trình độ chứng nhận tình trạng bệnh của cư dân đó là vĩnh viễn, PG&E yêu cầu phải điền giấy tự chứng nhận hai năm một lần, trong đó cho biết cư dân tiếp tục hội đủ điều kiện sử dụng dịch vụ của chương trình Medical Baseline.
- Nếu chuyên gia y tế có trình độ chứng nhận bệnh trạng của cư dân đó không phải là vĩnh viễn, thì PG&E yêu cầu phải điền giấy tự chứng nhận hàng năm, trong đó cho biết cư dân tiếp tục hội đủ điều kiện sử dụng dịch vụ của chương trình Medical Baseline và cần phải điền đơn xin mới kèm theo chứng nhận của một chuyên gia y tế có trình độ hai năm một lần.
- Các cư dân khiếm thị có thể liên lạc với PG&E để yêu cầu thông báo đặc biệt khi cơ quan gửi đi thông báo về yêu cầu tái chứng nhận (điền đơn xin mới cùng với chứng nhận của một chuyên gia y tế có trình độ) hoặc tự chứng nhận.
- PG&E không thể bảo đảm là dịch vụ khí đốt và điện sẽ không bị gián đoạn. Tôi có trách nhiệm thu xếp phương án khác trong trường hợp dịch vụ khí đốt bị ngắt hoặc cúp điện.
- Phải điền và nộp cả Phần A và Phần B của mẫu điển này cho PG&E, trên mạng trực tuyến hoặc gửi qua thư bưu điện, thì PG&E mới giải quyết đơn xin.
- Khách hàng cũng có thể được hưởng lợi từ các chương trình tiết kiệm năng lượng như Energy Upgrade California® HomeUpgrade. The Energy Savings Assistance Program dành cho khách hàng đủ điều kiện thu nhập, cung cấp cải tiến miễn phí. Để biết thêm thông tin, vui lòng truy cập pge.com/saveenergy.
- PG&E có thể chia sẻ thông tin liên hệ của tôi với các tổ chức, chẳng hạn như các cơ quan tiếp ứng khẩn cấp của tiểu bang và địa phương, để họ có thể trợ giúp PG&E và cá nhân tôi trong trường hợp cúp điện kéo dài để bảo vệ sức khỏe và sự an toàn của tôi.
- Phụ cấp Medical Baseline thông thường cung cấp thêm năng lượng ở mức giá thấp nhất. Phụ cấp Medical Baseline được thêm vào định mức căn bản của chương trình mức giá thông thường của quý vị. Đối với dịch vụ điện, mức phụ cấp là 16.438 kWh một ngày (khoảng 500 kWh một tháng), một khoản phụ thêm tương đương với mức tiêu thụ điện một ngày của một hộ gia đình sử dụng điện trung bình. Đối với dịch vụ khí đốt, mức phụ cấp là 0.82192 đơn vị nhiệt lượng một ngày (khoảng 25 đơn vị nhiệt lượng một tháng), một khoản phụ thêm tương đương với ba tam cá nguyệt (quý ba tháng) sử dụng hàng ngày của một hộ gia đình sử dụng khí đốt trung bình. **Nếu các khoản phụ cấp Medical Baseline này không đáp ứng được nhu cầu về năng lượng vì lý do sức khỏe của quý vị, vui lòng liên lạc với PG&E tại số 1-800-743-5000.** Có thể đọc thêm thông tin về chương trình Medical Baseline tại pge.com/medicalbaseline.

BƯỚC 4 Chữ Ký

Tôi xác nhận thông tin ở trên là đúng. Tôi cũng xác nhận cư dân sử dụng dịch vụ Medical Baseline cư ngụ toàn thời gian tại địa chỉ này và cần đến dịch vụ của chương trình Medical Baseline. Tôi đồng ý cho PG&E xác minh thông tin này. **Tôi cũng đồng ý thông báo cho PG&E ngay nếu cư dân hội đủ điều kiện đó chuyển đi hoặc không còn cần dịch vụ của chương trình Medical Baseline nữa.**

KÝ TÊN

CHỮ KÝ CỦA KHÁCH HÀNG

NGÀY



Đơn Xin Tham Gia Chương Trình Medical Baseline—Phần B (Do Chuyên Gia Y Tế điền*)

Chứng Nhận của Chuyên Gia Y Tế cho mục đích Ghi Danh Tham Gia Chương Trình Medical Baseline và Tái Chứng Nhận

BƯỚC 5 Dành cho chuyên gia y tế có trình độ điện

Tôi chứng nhận rằng bệnh trạng và nhu cầu của bệnh nhân của tôi: (Vui lòng viết bằng chữ in.)

TÊN HỌ CỦA BỆNH NHÂN

TÊN GỌI CỦA BỆNH NHÂN

1. Cần phải sử dụng (các) thiết bị trợ sinh† (Đánh dấu một lựa chọn.)

Có Không

(Các) thiết bị trợ sinh sau đây được sử dụng tại cư gia của bệnh nhân nói trên:

Thiết bị: _____ Điện Khí đốt

Thiết bị: _____ Điện Khí đốt

Thiết bị: _____ Điện Khí đốt

†Thiết bị trợ sinh hội đủ điều kiện là bất kỳ thiết bị y tế nào được sử dụng để duy trì sự sống hoặc cần đến để di chuyển. Thiết bị này phải chạy bằng khí đốt hoặc điện do PG&E cung cấp. Trong đó bao gồm, nhưng không giới hạn ở máy trợ thở (bình ô-xy nén), máy trợ phổi, máy lọc máu, máy hút, máy kích thích dây thần kinh bằng điện, gạc ép và bơm, lều phun sương aerosol, máy khí dung siêu âm hoặc tĩnh điện, máy nén, máy IPPB, máy lọc thận và xe lăn chạy bằng điện. **Các thiết bị dùng để trị liệu thay vì trợ sinh không hội đủ điều kiện.**

2. Cần sưởi ấm và/hoặc làm mát:

Có các khoản phụ cấp Medical Baseline thông thường dành cho nhu cầu sưởi ấm và/hoặc làm mát nếu bệnh nhân bị liệt hai chi dưới, liệt cả tay chân, liệt nửa người, mắc chứng đa xơ cứng hoặc bệnh xơ cứng bì. Cũng có các khoản phụ cấp Medical Baseline thông thường nếu bệnh nhân có hệ miễn dịch bị suy yếu, bệnh tật đe dọa đến tính mạng, hoặc bất kỳ chứng bệnh nào **cần sưởi ấm hoặc làm lạnh thêm vì lý do sức khỏe để duy trì sự sống của bệnh nhân hoặc tránh để bệnh trầm trọng hơn.**

Cần **sưởi ấm** thêm vì lý do sức khỏe: (Đánh dấu một lựa chọn.) Có Không

Cần **làm lạnh** thêm vì lý do sức khỏe: (Đánh dấu một lựa chọn.) Có Không

3. Tôi chứng nhận rằng sẽ cần phải có (các) thiết bị trợ sinh và/hoặc sưởi ấm hoặc làm lạnh thêm cho khoảng: (Đánh dấu một lựa chọn.)

Số năm: _____ hoặc Vĩnh viễn

TÊN CHUYÊN GIA Y TẾ

SỐ ĐIỆN THOẠI

ĐỊA CHỈ PHÒNG MẠCH

THÀNH PHỐ

TỈNH BANG

MÃ BƯU CHÍNH

SỐ GIẤY PHÉP HÀNH NGHỀ Y KHOA DO TIỂU BANG CẤP HOẶC SỐ GIẤY PHÉP HÀNH NGHỀ DO QUÂN ĐỘI CẤP

KÝ TÊN

NGÀY

*Một bác sĩ có bằng hành nghề, người được cấp bằng hành nghề theo Đạo Luật Tiên Khởi về Cấp Bằng Hành Nghề Y Khoa, nhân viên hành nghề y tá hoặc phụ tá bác sĩ có thể chứng nhận tình trạng hội đủ điều kiện của bệnh nhân là có một chứng bệnh hay bệnh trạng đe dọa đến tính mạng.

**Gửi đơn xin qua
thư bưu điện đến:**

**PG&E Billing Center
Medical Baseline**
P.O. Box 8329
Stockton, CA 95208



Medical Baseline 프로그램 신청서—파트 A (고객이 작성)

Medical Baseline 프로그램 등록 및 재확인 용

1단계 계정 및 고객 정보 (정자로 작성하십시오.)

PG&E 고객 계정 번호									
고객 이름 (PG&E 고지서에 표시된 이름)									
MEDICAL BASELINE 주민 이름 (고객 이름과 다른 경우)									
서비스 주소					아파트 호수				
시			주		우편번호				
고객 우편주소 (서비스 주소와 다른 경우)					아파트 호수				
시			주		우편번호				
주택 전화번호					직장 전화번호				

2단계 PG&E 이외의 업자에게 납부하는 고객 용

이동식 주택 또는 아파트 단지 이름	
단지 주소	
단지 관리자 이름	단지 전화번호
입주자 이름	입주자 전화번호

3단계 정전 또는 Medical Baseline 과 관련해 기타 연락이 필요한 경우 선호하는 연락 방법 (해당하는 모든 항목에 체크)

예정된 공공안전 전력차단(PSPS) 또는 기타 정전이 될 수 있는 상황이 발생하기 전에 PG&E에서 연락을 할 수 있도록 등록된 연락처 정보가 정확한지 확인하십시오. 경우에 따라 서신을 발송할 수 있습니다. PSPS가 발생한 경우에는 모든 연락처로 연락이 이루어집니다.

선호하는 연락처

통화용 전화번호 1: _____

통화용 전화번호 2: _____

문자용 휴대전화 번호 1: _____

문자용 휴대전화 번호 2: _____

이메일 1: _____

이메일 2: _____

TTY 연락 전화번호: _____

본인은 다음 사항을 이해하고 동의합니다.

- 정식 면허를 가진 의료인이 주민의 질병이 만성임을 확인할 경우 2년에 한 번씩 주민의 Medical Baseline 프로그램 자격 유지를 자가 증명하는 양식을 작성해야 합니다.
- 정식 면허를 가진 의료인이 주민의 질병이 만성이 아님을 확인할 경우 매년 주민의 Medical Baseline 프로그램 자격 유지를 자가 증명하는 양식을 작성하고 2년에 한 번씩 정식 면허를 가진 의료인의 확인서를 포함한 신규 신청서를 작성해야 합니다.
- 시각장애를 가진 주민은 PG&E 에 연락해 재확인(정식 면허를 가진 의료인 확인서를 포함한 신규 신청서 작성) 또는 자가 증명에 대한 공지를 발송할 때 특수한 공지 방식을 요청할 수 있습니다.
- PG&E는 가스 및 전기 서비스가 중단 없이 공급될 수 있다는 점을 보장할 수 없습니다. 본인은 가스 또는 전기 공급 중단 시 대체 수단을 마련할 책임이 있습니다.
- PG&E 가 신청을 처리하기 전에 본 양식의 파트 A와 파트 B를 작성해 온라인 또는 우편으로 PG&E 에 제출해야 합니다.
- 고객은 Energy Upgrade California® Home Upgrade 와 같은 에너지 절약 프로그램의 혜택을 받을 수도 있습니다. 소득 기준에 부합하는 고객을 위한 Energy Savings Assistance Program은 무상으로 개선 서비스를 제공합니다. 자세한 내용은 pge.com/saveenergy 를 참조하십시오.
- 정전이 예상보다 길어질 경우 본인의 안전과 안위를 위해 주 차원 및 지역 차원의 응급대응팀 등의 단체가 PG&E 와 본인을 지원해 줄 수 있도록 PG&E 는 해당 단체와 연락처 정보를 공유할 수 있습니다.
- 표준 Medical Baseline 프로그램은 최저 요금으로 추가 에너지를 제공합니다. Medical Baseline 보조 용량이 표준 요금제 기본 할당량에 추가됩니다. 전기의 경우 가구당 하루 평균 소비량에 해당하는 16.438 kWh(매월 약 500 kWh)가 매일 추가됩니다. 가스의 경우 가구당 하루 평균 소비량의 3/4에 해당하는 0.82192 therms(매월 약 25 therms)가 매일 추가됩니다. 해당 Medical Baseline 보조 용량이 귀하가 필요로 하는 의료 에너지 필요량 못 미칠 경우 PG&E, 1-800-743-5000으로 연락 주십시오. Medical Baseline 프로그램에 대한 자세한 내용은 pge.com/medicalbaseline 을 참조하십시오.

4단계 서명

본인은 상기 정보가 정확하다는 사실을 확인합니다. 또한 본인은 Medical Baseline을 필요로 하는 주민이 본 주소지에 상시 거주하고 있으며 Medical Baseline 프로그램을 필요로 한다는 사실을 확인합니다. 본인은 PG&E에서 해당 정보를 확인하는데 동의합니다. 또한 본인은 해당 주민이 이사하거나 더 이상 Medical Baseline 프로그램을 필요로 하지 않을 경우 즉시 PG&E에 알릴 것에 동의합니다.

서명

고객 서명 _____

날짜 _____

FOR INTERNAL USE ONLY:



Medical Baseline 프로그램 신청서—파트 B (의료인이 작성*)

Medical Baseline 프로그램 등록 및 재확인에 대한 의료인 확인서

5단계 정식 면허를 가진 의료인이 작성

본인은 본인의 환자의 질병과 필요 사항을 확인합니다. (정자로 작성하십시오.)

환자 성 _____ 환자 이름 _____

1. 생명유지장치 사용이 필요합니다† (하나만 선택하십시오.)

예 아니요

상기 환자의 거주지에 사용되는 생명유지장치는 다음과 같습니다.

장치: _____ 전기 가스

장치: _____ 전기 가스

장치: _____ 전기 가스

† 해당되는 생명유지장치는 생명유지에 사용되거나 이동을 위해 의존하는 모든 의료 장치입니다. 이 장치는 PG&E에서 공급하는 가스 또는 전기를 사용해야 합니다. 이러한 장치에는 호흡기(산소 발생기), 철폐, 혈액 투석기, 흡입기, 전기 신경 자극기, 압력 패드 및 펌프, 에어로졸 텐트, 정전기 및 초음파 호흡기 치료기(nebulizer), 압축기, IPPB 기기, 신장 투석기 및 전동 휠체어 등이 포함됩니다(이에 국한되지 않음). **생명유지가 아닌 치료에 사용되는 장치는 해당되지 않습니다.**

2. 난방 및/또는 냉방이 필요합니다.

환자가 하반신 마비, 사지 마비, 편마비, 다발성 경화증 또는 경피증이 있는 경우 난방 및/또는 냉방을 위한 표준 Medical Baseline 보조 용량이 제공됩니다. 환자의 면역 체계가 손상되었거나 생명을 위협하는 질병이 있거나 **환자의 생명을 유지하기 위해 또는 건강상태 악화를 막기 위해 의학적으로 난방 또는 냉방이 추가로 필요한 기타 질병이 있는 경우** 표준 Medical Baseline 보조 용량을 이용할 수 있습니다.

의학적으로 추가 난방 필요: (하나만 선택하십시오.) 예 아니요

의학적으로 추가 냉방 필요: (하나만 선택하십시오.) 예 아니요

3. 본인은 다음 기간 동안 생명유지장치 및/또는 추가 난방 또는 냉방이 필요하다는 사실을 확인합니다. (하나만 선택하십시오.)

연수: _____ 또는 영구적으로

의료인 이름 _____ 전화번호 _____

사무실 주소 _____

시 _____ 주 _____ 우편번호 _____

주 의사 면허 또는 군 면허 번호 _____

서명 _____ **날짜** _____

*정식 면허를 가진 의사, 정골의료처치법 (Osteopathic Initiative Act) 에 따라 면허를 취득한 자, 간호사, 보조 의사가 생명을 위협하는 질병의 유무를 증명할 수 있습니다.

신청서 우편 접수:
PG&E Billing Center
Medical Baseline
 P.O. Box 8329
 Stockton, CA 95208



Заявление на участие в программе Medical Baseline—часть А

Для зачисления в программу Medical Baseline и повторного подтверждения права на участие (заполняется клиентом)

ЭТАП 1

(просьба заполнять печатными буквами)

НОМЕР УЧЕТНОЙ ЗАПИСИ КЛИЕНТА PG&E

ИМЯ И ФАМИЛИЯ КЛИЕНТА (как указывается в счете от PG&E)

ИМЯ И ФАМИЛИЯ ЖИЛЬЦА, ПОДАЮЩЕГО ЗАЯВКУ НА УЧАСТИЕ В ПРОГРАММЕ MEDICAL BASELINE (если отличается от имени и фамилии клиента)

АДРЕС ПРЕДОСТАВЛЕНИЯ УСЛУГИ

КВАРТИРА №

ГОРОД

ШТАТ

ПОЧТОВЫЙ ИНДЕКС

ПОЧТОВЫЙ АДРЕС КЛИЕНТА

(если отличается от адреса предоставления услуги)

КВАРТИРА №

ГОРОД

ШТАТ

ПОЧТОВЫЙ ИНДЕКС

НОМЕР ДОМАШНЕГО ТЕЛЕФОНА

НОМЕР РАБОЧЕГО ТЕЛЕФОНА

ЭТАП 2

Для клиентов, получающих счета от третьей стороны (не от компании PG&E)

НАЗВАНИЕ МОБИЛЬНОГО ДОМА ИЛИ МНОГOKВАРТИРНОГО КОМПЛЕКСА

АДРЕС КОМПЛЕКСА

ИМЯ И ФАМИЛИЯ МЕНЕДЖЕРА КОМПЛЕКСА

НОМЕР ТЕЛЕФОНА КОМПЛЕКСА

ИМЯ И ФАМИЛИЯ КВАРТИРОСЪЕМЩИКА

НОМЕР ТЕЛЕФОНА КВАРТИРОСЪЕМЩИКА

ЭТАП 3

Контактные данные на случай отключения подачи электроэнергии/газа или для связи по другим вопросам, связанным с программой Medical Baseline (заполните все возможные пункты)

Просим предоставить компании PG&E правильные контактные данные, чтобы мы смогли заблаговременно связаться с вами при планируемом отключении подачи электроэнергии в целях общественной безопасности (public safety power shutoff, PSPS) или в других ситуациях, которые могут привести к отключению электричества. В некоторых ситуациях мы можем также отправить вам письмо почтой. При отключении подачи электроэнергии в целях общественной безопасности будут использованы все способы связи.

КОНТАКТНЫЕ ДАННЫЕ

- Номер телефона для звонка 1: _____
- Номер телефона для звонка 2: _____
- Номер мобильного телефона для текстовых сообщений 1: _____
- Номер мобильного телефона для текстовых сообщений 2: _____
- Электронная почта 1: _____
- Электронная почта 2: _____
- Связь через телетайп (TTY) по номеру телефона: _____

Я понимаю и соглашаюсь со следующим:

1. Если квалифицированный медицинский работник подтверждает, что медицинское состояние жильца является постоянным, компания PG&E требует заполнения формы каждые два года. При этом жилец самостоятельно, без предоставления доказательств, заявляет о сохранении своего права на участие в программе Medical Baseline.
2. Если квалифицированный медицинский работник подтверждает, что медицинское состояние жильца не является неизлечимым, компания PG&E требует ежегодного заполнения формы с тем, чтобы жилец самостоятельно, без предоставления доказательств, заявил о сохранении своего права на участие в программе Medical Baseline. Каждые два года необходимо подавать новую заявку на участие, включающую подтверждение квалифицированного медицинского работника.
3. Жильцы с нарушением зрения могут обратиться в компанию PG&E с просьбой направлять им специальное уведомление при отправке запросов на повторное утверждение (заполнение новой заявки, включающей подтверждение квалифицированного медицинского работника) или самостоятельного заявления о сохранении права на участие.
4. Компания PG&E не может гарантировать бесперебойную подачу газа или электроэнергии. Я несу ответственность за подготовку к использованию других источников энергоснабжения при отключении подачи газа или электричества.
5. Необходимо заполнить обе части этой формы, часть А и часть В, и отправить их в компанию PG&E через интернет или по почте, чтобы компания PG&E смогла приступить к обработке заявки.
6. Клиенты также могут воспользоваться преимуществами программы экономии электроэнергии, например, Energy Upgrade California® Home Upgrade. Программа Energy Savings Assistance Program предоставляет бесплатное улучшение жилищных условий клиентам, доход которых соответствует квалификационным требованиям. Для получения более подробной информации посетите веб-страницу pge.com/saveenergy.
7. Компания PG&E может передавать мои контактные данные таким организациям, как местные службы экстренного реагирования и спасательные службы, чтобы они могли оказывать содействие компании PG&E и лично мне во время длительного отключения подачи электроэнергии и (или) газа для обеспечения моей безопасности и благополучия.
8. Стандартная норма энергопотребления по программе Medical Baseline позволяет получить больше энергии по минимальной цене. Норма программы Medical Baseline добавляется к стандартному базовому лимиту вашего тарифного плана. Для электричества это дополнительно 16,438 кВт·ч в сутки (около 500 кВт·ч в месяц), что равно суточному потреблению электроэнергии в среднем домохозяйстве. Для газа это дополнительно 0,82192 терм в сутки (около 25 терм в месяц), что равно 3/4 суточного потребления газа в среднем домохозяйстве. **Если данные нормы по программе Medical Baseline не соответствуют вашим медицинским потребностям в энергоснабжении, позвоните в компанию PG&E по номеру 1-800-743-5000.** Более подробную информацию о программе Medical Baseline можно найти на веб-странице pge.com/medicalbaseline.

ЭТАП 4 Подпись

Я подтверждаю, что вышеуказанная информация является верной. Я также подтверждаю, что жилец, подающий заявку на участие в программе Medical Baseline, постоянно проживает по указанному адресу и нуждается в участии в программе Medical Baseline. Я разрешаю компании PG&E проверить данную информацию. **Я также соглашаюсь тем, что должен(-на) без промедления уведомить компанию PG&E в случае, если жилец, соответствующий квалификационным критериям программы Medical Baseline, поменяет место жительства или перестанет нуждаться в участии в программе Medical Baseline.**

ПОДПИСЬ

ПОДПИСЬ КЛИЕНТА

ДАТА



Заявление на участие в программе Medical Baseline—часть B

Подтверждение медицинского работника при зачислении в программу Medical Baseline и повторное подтверждение (заполняется медицинским работником*)

ЭТАП 5 Подлежит заполнению квалифицированным медицинским работником

Я подтверждаю, что в связи с медицинским состоянием (заболеванием) моего пациента и его медицинскими нуждами ему требуется: (Печатными буквами, пожалуйста.)

ФАМИЛИЯ ПАЦИЕНТА

ИМЯ ПАЦИЕНТА

1. Использовать устройство(-а) жизнеобеспечения[†] (Отметьте один вариант.)

Да Нет

Следующее устройство (устройства) используется(-ются) в месте проживания вышеуказанного пациента:

Устройство: _____ Электричество Газ

Устройство: _____ Электричество Газ

Устройство: _____ Электричество Газ

[†]Требования программы соответствует любое устройство жизнеобеспечения, которое используется для поддержания жизни или благодаря которому пациент имеет возможность передвигаться. Это устройство должно работать на электричестве или газе, поставляемом компанией PG&E. К таким устройствам, помимо прочего, относятся кислородные концентраторы (респираторы), аппараты искусственного дыхания, аппараты для гемодиализа, электроотсосы, электрические нейростимуляторы, матрасы с изменяемым давлением и насосы к ним, аэрозольные палатки, электростатические и ультразвуковые небулайзеры, компрессоры, аппараты ИВЛ с подачей перемежающегося положительного давления, аппараты для почечного диализа и инвалидные коляски с электроприводом. **Устройства, необходимые для лечения, а не для поддержания жизни, не соответствуют квалификационным требованиям программы.**

2. Согревание и (или) охлаждение:

Стандартная норма энергопотребления по программе Medical Baseline доступна для согревания и (или) охлаждения, если у пациента имеется параплегия, квадриплегия, гемиплегия, рассеянный склероз или склеродермия. Стандартная норма энергопотребления по программе Medical Baseline также доступна для пациентов с нарушением со стороны иммунной системы, жизнеугрожающим заболеванием или другим заболеванием, когда имеется **медицинская необходимость в дополнительном согревании или охлаждении для поддержания жизни пациента или предотвращения ухудшения состояния пациента.**

Дополнительное **согревание** необходимо по медицинским показаниям: (Отметьте один вариант.) Да Нет

Дополнительное **охлаждение** необходимо по медицинским показаниям: (Отметьте один вариант.) Да Нет

3. Я подтверждаю, что устройство(-а) жизнеобеспечения и (или) дополнительное согревание либо охлаждение потребуется приблизительно на следующий период времени: (Выберите один вариант.)

Количество лет: _____ или Постоянно

ИМЯ И ФАМИЛИЯ МЕДИЦИНСКОГО РАБОТНИКА

ТЕЛЕФОННЫЙ НОМЕР

АДРЕС МЕДИЦИНСКОГО УЧРЕЖДЕНИЯ

ГОРОД

ШТАТ

ПОЧТОВЫЙ ИНДЕКС

НОМЕР МЕДИЦИНСКОЙ ЛИЦЕНЗИИ ШТАТА ИЛИ ВОЕННОЙ МЕДИЦИНСКОЙ ЛИЦЕНЗИИ

ПОДПИСЬ

ДАТА

* Лицензированный врач, лицо, лицензированное в соответствии с актом законодательной инициативы по остеопатии (Osteopathic Initiative Act), практикующая медсестра (медсестра) или ассистент врача могут подтверждать соответствие пациента квалификационным требованиям как лица, имеющего жизнеугрожающее заболевание или состояние.

Отправьте заявку почтой по адресу:

**PG&E Billing Center
Medical Baseline
P.O. Box 8329
Stockton, CA 95208**



Electric Sample Form No. 61-0502
Medical Baseline Allowance Self-Certification Request Form

Sheet 1

**Please Refer to Attached
Sample Form**



Medical Baseline Program Self-Certification Request

STEP 1 Account and Customer Information (Please print.)

PG&E CUSTOMER ACCOUNT NO. Update: "PG&E CUSTOMER ACCOUNT NUMBER"

CUSTOMER NAME (as it appears on PG&E bill) Update: "CUSTOMER FIRST AND LAST NAME (as it appears on PG&E bill)"

MEDICAL BASELINE RESIDENT'S NAME (if different than customer name) Update: "RESIDENT WITH MEDICAL CONDITION FIRST AND LAST NAME (the customer or a full time resident in the service address)"

SERVICE ADDRESS Update: "APT NUMBER"

CITY STATE ZIP CODE Update: "APT NUMBER"

CUSTOMER MAILING ADDRESS (if different than service address) Add: CUSTOMER EMAIL section to step 1, as we will be sending email confirmation of the application submission to this email address, approval of application and renewal request to MBL

CITY STATE ZIP CODE

HOME PHONE NUMBER Update: "CUSTOMER HOME PHONE NUMBER"

MOBILE PHONE NUMBER Update: "CUSTOMER MOBILE PHONE NUMBER"

I understand and agree that:

- If the qualified medical practitioner certifies the resident's medical condition is permanent, PG&E requires completion of a form every two years self-certifying the resident's continued eligibility for the Medical Baseline Program.
- PG&E requires the resident's continued eligibility for the Medical Baseline Program and completion of a new application including a qualified medical practitioner's certification every two years.
- Customers with a vision disability may contact PG&E to request notifications in alternate formats when notices are sent for certification.
- PG&E cannot guarantee uninterrupted gas and electric service. I am responsible for making alternate arrangements for an electric outage.
- PG&E may share my contact information with organizations such as state and local emergency first response agencies, so that they can provide assistance to PG&E and to me personally during an extended outage to support my safety and well-being.
- 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 (approx. 500 kWh per month), an additional amount equal to the daily consumption of an average electric household. For gas, it is 0.82192 therms per day (approx. 25 therms per month), an additional amount equal to three-quarters of the daily consumption of an average gas household. **If these Medical Baseline allowances do not meet your needs, you are applying for a new resident with medical condition please apply at pge.com/medicalbaseline. You can mail your paper application to:**

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

NAME OF MOBILE HOME OR APARTMENT COMPLEX

COMPLEX ADDRESS Update: "COMPLEX PHONE NUMBER"

COMPLEX MANAGER'S NAME COMPLEX PHONE # Update: "TENANT'S PHONE NUMBER"

TENANT'S NAME TENANT'S PHONE #

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 outage. If you do not provide contact preferences, PG&E may result in an outage. The contact methods will be used are:

Only allow 4 options of contact preferences and update preferences as follows:

- Phone number:
- Text mobile number:
- Email:
- Contact for Deaf/hard of hearing customers using TTY at phone number:

CONTACT PREFERENCE

Call phone number 1: _____

Call phone number 2: _____

Text mobile number 1: _____

Text mobile number 2: _____

Email 1: _____

Email 2: _____

Contact by TTY at phone number: _____

Apply at pge.com/selfcertify

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

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 or continues to require 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 Medical Baseline Program is no longer needed by the resident.**

SIGN
 CUSTOMER SIGNATURE

Add footnote: "TTY is a specialized telecommunication device for the Deaf and hard of hearing."

Add footnote: † Information collected on this application is used in accordance with PG&E's Privacy Policy. The Privacy Policy is available at pge.com/privacy.



Solicitud de Auto-Certificación del Programa Medical Baseline

(Tarifas Básicas por Razones Médicas)

PASO 1 Información del cliente y de la cuenta

(Por favor escriba en letra de imprenta.)

--	--	--	--	--	--	--	--	--	--	--	--

NO. DE LA CUENTA DEL CLIENTE DE PG&E

NOMBRE DEL CLIENTE (como aparece en su factura de PG&E)

NOMBRE DEL CLIENTE al que se extiende la tarifa básica por razones médicas (si es diferente al nombre del cliente)

DIRECCIÓN DONDE SE PRESTA SERVICIO

NO. DEL DEPARTAMENTO

CIUDAD

ESTADO

CÓDIGO POSTAL

DIRECCIÓN POSTAL DEL CLIENTE (si es diferente a la dirección donde se presta servicio)

NO. DEL DEPARTAMENTO

CIUDAD

ESTADO

CÓDIGO POSTAL

NO. DE TELÉFONO DEL HOGAR

NO. DE TELÉFONO DEL TRABAJO

PASO 2 Para clientes facturados por otro que no sea PG&E

NOMBRE DEL CONJUNTO DE CASAS MÓVILES O DE APARTAMENTOS

DIRECCIÓN DEL COMPLEJO

NOMBRE DEL ADMINISTRADOR DEL COMPLEJO

NO. DE TELÉFONO DEL COMPLEJO

NOMBRE DEL INQUILINO

NO. DE TELÉFONO DEL INQUILINO

PASO 3 Preferencias de contacto durante los apagones u otras comunicaciones de Medical Baseline

(Marque todas las que correspondan.)

Por favor asegúrese de que PG&E tenga sus preferencias de contacto correctas de manera que podamos comunicarnos con usted con anticipación en caso de una interrupción del suministro eléctrico por motivos de seguridad pública (PSPS, por sus siglas en inglés) o alguna otra situación que pudiera resultar en un apagón. En algunos casos, también podríamos enviar una carta. Se utilizarán todos los métodos de contacto durante una PSPS.

PREFERENCIAS SOBRE LOS CONTACTOS

- Llame al número telefónico 1: _____
- Llame al número telefónico 2: _____
- Número móvil para mensajes de texto 1: _____
- Número móvil para mensajes de texto 2: _____
- Correo electrónico 1: _____
- Correo electrónico 2: _____
- Comuníquese por TTY al número telefónico: _____

Comprendo y convengo en que:

- Si el practicante médico calificado certifica que la condición médica del residente es permanente, PG&E requerirá que cada dos años se llene un formulario auto-certificando la elegibilidad continua del residente al Programa Medical Baseline.
- Si el practicante médico calificado certifica que la condición médica del residente no es permanente, PG&E requerirá que cada año se llene un formulario auto-certificando la elegibilidad continua del residente al Programa Medical Baseline y que cada dos años se llene una nueva solicitud incluyendo la certificación de un practicante médico calificado.
- Los residentes con una incapacidad visual pueden comunicarse con PG&E para solicitar una notificación especial cuando se envíen avisos de recertificación (llenar una nueva solicitud con la certificación de un practicante médico calificado) o de auto certificación.
- PG&E no puede garantizar que el servicio de gas y electricidad no sea interrumpido. Es mi responsabilidad hacer arreglos alternativos en casos de interrupciones en el servicio de suministro de gas o electricidad.
- Los clientes también podrían beneficiarse al participar en programas de ahorro de energía como Mejoras para el Hogar con Energy Upgrade California®. Para los clientes con ingresos que reúnan los requisitos, el Programa Energy Savings Assistance proporciona mejoras sin costo alguno. Para más información, por favor visite pge.com/saveenergy.
- PG&E podría divulgar mi información de contacto a organizaciones tales como agencias estatales y locales de primera respuesta ante emergencias de manera que puedan proporcionar asistencia a PG&E y a mí personalmente para proteger mi seguridad y bienestar durante un apagón prolongado.
- El límite de consumo permitido estándar de Medical Baseline proporciona energía adicional al precio más bajo. Los límites de consumo permitido de Medical Baseline se añaden a la asignación base de su plan de tarifas estándar. En lo que respecta a la electricidad, es de 16.438 kWh al día (aprox. 500 kWh al mes), una cantidad adicional igual al consumo diario de electricidad de un hogar promedio. En lo que respecta al gas, es de 0.82192 termias al día (aprox. 25 termias al mes), una cantidad adicional igual a tres cuartas partes del consumo diario de gas de un hogar promedio. **Si estos límites de consumo permitido de Medical Baseline no satisfacen sus necesidades médicas de energía, sírvase comunicar con PG&E llamando al 1-800-743-5000.** Puede encontrar más información acerca del Programa Medical Baseline en pge.com/lineabasemedia.

Solicite en pge.com/selfcertify

O envíe la solicitud a:
PG&E Billing Center Medical Baseline
 P.O. Box 8329, Stockton, CA 95208

PASO 4 Firma

Certifico que la información anterior es correcta. También certifico que el residente con Medical Baseline vive en esta dirección de tiempo completo y requiere o sigue requiriendo el Programa Medical Baseline. Convengo en permitirle a PG&E verificar esta información. **También convengo en notificar a PG&E oportunamente si el residente calificado se muda o deja de requerir el Programa Medical Baseline.**

FIRMA

FIRMA DEL CLIENTE

FECHA



醫療能源輔助計劃自我證明申請表

第一步 帳戶及客戶資訊 (請端正填寫)

PG&E 帳戶號碼

客戶姓名 (帳單上的客戶姓名)

醫療能源輔助居民姓名 (若不同於客戶姓名)

住址 公寓單位 #

城市 州 郵區

客戶郵寄地址 (若不同於住址) 公寓單位 #

城市 州 郵區

住家電話 # 工作電話 #

第二步 由 PG&E 以外人士開帳單的客戶

流動房屋或公寓大廈名稱

大廈地址

大廈負責人姓名 大廈電話 #

租客姓名 租客電話 #

第三步 停電或其他醫療能源補助相關通知的聯絡偏好

(請勾選所有適用項目)

請確保 PG&E 有您的正確聯絡偏好，以便我們提前通知您預計的公共安全斷電 (PSPS) 資訊，或其他可能導致停電或天然氣中斷的狀況。在特定情況下，我們可能還會寄信給您。在 PSPS 事件進行期間，所有聯絡方法都會使用。

聯絡偏好

- 打電話到電話號碼 1 : _____
- 打電話到電話號碼 2 : _____
- 發簡訊到手機號碼 1 : _____
- 發簡訊到手機號碼 2 : _____
- 發電郵到電郵地址 1 : _____
- 發電郵到電郵地址 2 : _____
- 經 TTY 電話號碼聯絡 : _____

本人瞭解並同意：

1. 如果合格執業醫療人員證明該居民的醫療狀況是永久性的，則 PG&E 要求申請者每兩年填寫一份表格，自我證明該居民有資格繼續享用醫療能源輔助。
2. 如果合格執業醫療人員證明該居民的醫療狀況不是永久性的，則 PG&E 要求申請者每年填寫一份表格，自我證明該居民有資格繼續享用醫療能源輔助，並且每兩年填寫一份附有合格執業醫療人員證明的新申請表。
3. 如果該居民有視力障礙，本人可以跟 PG&E 聯絡，要求寄來特別格式的重新確認表格 (填寫附有合格執業醫療人員證明的新申請表) 或自我確認表格。
4. PG&E 不能保證天然氣及電力供應服務不中斷。本人負責安排替代方案，以防發生天然氣中斷或停電的情況。
5. 客戶亦可能透過參加 Energy Upgrade California® Home Upgrade 等節能計劃受益。Energy Savings Assistance Program 可為收入合格客戶免費提供節能改善設施。更多資訊請瀏覽：pge.com/saveenergy。
6. PG&E 可能與州和地方第一線緊急應變單位和其他機構共享本人的聯絡資訊，以便這些機構在長時間停電期間向 PG&E 和本人提供協助，確保本人的安全和健康。
7. 標準醫療能源輔助計劃以最低價格提供額外能源。醫療能源補助配額會附加在標準費率計劃的底線配額之上。以電力而言，此配額為每天 16.438 千瓦小時 (kWh) (大約每月 500 千瓦小時 (kWh))。此附加量相當於平均一個電力住宅用戶的每日消耗量。以天然氣而言，此配額為每天 0.82192 熱卡 (therms) (大約每月 25 熱卡 (therms))。此附加量相當於平均一個煤氣住宅用戶每日消耗量的四分之三。若這些醫療能源補助配額無法滿足您的醫療能源需求，請致電 1-800-743-5000 與 PG&E 聯絡。更多關於醫療能源補助計劃的資訊，請瀏覽：pge.com/medicalbaseline。

請到 pge.com/selfcertify 申請

或將申請書寄到：

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

第四步 簽名

本人證明以上資料正確無誤，亦證明該醫療能源補助居民全天住在該地址，並且需要或持續需要醫療能源補助。本人同意允許 PG&E 核實本資料，亦同意如果該合格居民搬家或不再需要醫療能源補助，將迅速通知 PG&E。

簽名

客戶簽名

日期



Đơn Xin Tự Chứng Nhận Chương Trình Medical Baseline

BƯỚC 1 Thông Tin về Trạng Mục Dịch Vụ và Khách Hàng (Vui lòng viết chữ in hoa.)

SỐ TRƯỞNG MỤC KHÁCH HÀNG PG&E

TÊN KHÁCH HÀNG (như ghi trong hóa đơn PG&E)

TÊN CƯ DÂN SỬ DỤNG DỊCH VỤ MEDICAL BASELINE (nếu không phải là tên khách hàng)

ĐỊA CHỈ NƠI NHẬN DỊCH VỤ

CĂN HỘ #

THÀNH PHỐ

TỈNH BANG

MÃ BƯU CHÍNH

ĐỊA CHỈ NƠI NHẬN THƯ CỦA KHÁCH HÀNG (nếu không phải là địa chỉ nhận dịch vụ)

CĂN HỘ #

THÀNH PHỐ

TỈNH BANG

MÃ BƯU CHÍNH

SỐ ĐIỆN THOẠI NHÀ

SỐ ĐIỆN THOẠI SỞ LÀM

BƯỚC 2 Dành cho những khách hàng nhận hóa đơn dịch vụ của bên khác không phải là PG&E

TÊN KHU CHUNG CƯ HOẶC KHU NHÀ LƯU ĐỘNG

ĐỊA CHỈ KHU NHÀ

TÊN QUẢN LÝ KHU NHÀ

SỐ ĐIỆN THOẠI CỦA KHU NHÀ

TÊN NGƯỜI THUÊ NHÀ

SỐ ĐIỆN THOẠI CỦA NGƯỜI THUÊ NHÀ

BƯỚC 3 Các lựa chọn ưu tiên về liên lạc trong trường hợp cúp điện hoặc liên lạc khác liên quan đến dịch vụ Medical Baseline (Đánh dấu tất cả các lựa chọn thích hợp.)

Vui lòng bảo đảm là PG&E có các lựa chọn ưu tiên về liên lạc của quý vị để chúng tôi có thể liên lạc quý vị trước khi thực hiện kế hoạch ngắt điện để bảo đảm an toàn công cộng (PSPS) hoặc các tình huống khác có thể dẫn đến cúp điện. Trong một số trường hợp, chúng tôi cũng có thể gửi thư. Tất cả các phương thức liên lạc sẽ được sử dụng trong trường hợp có PSPS.

CÁC LỰA CHỌN ƯU TIÊN VỀ LIÊN LẠC

- Số điện thoại để gọi 1: _____
- Số điện thoại để gọi 2: _____
- Số di động để nhận tin 1: _____
- Số di động để nhận tin 2: _____
- Email 1: _____
- Email 2: _____
- Liên lạc bằng TTY tại số điện thoại: _____

Tôi hiểu và đồng ý rằng:

- Nếu chuyên gia y tế có trình độ chứng nhận tình trạng bệnh của cư dân đó là vĩnh viễn, PG&E yêu cầu phải điền giấy tự chứng nhận hai năm một lần, trong đó cho biết cư dân tiếp tục hội đủ điều kiện sử dụng dịch vụ của chương trình Medical Baseline.
- Nếu chuyên gia y tế có trình độ chứng nhận bệnh trạng của cư dân đó không phải là vĩnh viễn, thì PG&E yêu cầu phải điền giấy tự chứng nhận hàng năm, trong đó cho biết cư dân tiếp tục hội đủ điều kiện sử dụng dịch vụ của chương trình Medical Baseline và cần phải điền đơn xin mới kèm theo chứng nhận của một chuyên gia y tế có trình độ hai năm một lần.
- Các cư dân khiếm thị có thể liên lạc với PG&E để yêu cầu thông báo đặc biệt khi cơ quan gửi đi thông báo về yêu cầu tái chứng nhận (điền đơn xin mới cùng với chứng nhận của một chuyên gia y tế có trình độ) hoặc tự chứng nhận.
- PG&E không thể bảo đảm là dịch vụ khí đốt và điện sẽ không bị gián đoạn. Tôi có trách nhiệm thu xếp phương án khác trong trường hợp dịch vụ khí đốt bị ngắt hoặc cúp điện.
- Khách hàng cũng có thể được hưởng lợi từ các chương trình tiết kiệm năng lượng như Energy Upgrade California® Home Upgrade. The Energy Savings Assistance Program dành cho khách hàng đủ điều kiện thu nhập, cung cấp cải tiến miễn phí. Để biết thêm thông tin, vui lòng truy cập pge.com/saveenergy.
- PG&E có thể chia sẻ thông tin liên hệ của tôi với các tổ chức, chẳng hạn như các cơ quan tiếp ứng khẩn cấp của tiểu bang và địa phương, để họ có thể trợ giúp PG&E và cá nhân tôi trong trường hợp cúp điện kéo dài để bảo vệ sức khỏe và sự an toàn của tôi.
- Phụ cấp Medical Baseline thông thường cung cấp thêm năng lượng ở mức giá thấp nhất. Phụ cấp Medical Baseline được thêm vào định mức căn bản của chương trình mức giá thông thường của quý vị. Đối với dịch vụ điện, mức phụ cấp là 16.438 kWh một ngày (khoảng 500 kWh một tháng), một khoản phụ thêm tương đương với mức tiêu thụ điện một ngày của một hộ gia đình sử dụng điện trung bình. Đối với dịch vụ khí đốt, mức phụ cấp là 0.82192 đơn vị nhiệt lượng một ngày (khoảng 25 đơn vị nhiệt lượng một tháng), một khoản phụ thêm tương đương với ba tam cá nguyệt (quý ba tháng) sử dụng hàng ngày của một hộ gia đình sử dụng khí đốt trung bình. **Nếu các khoản phụ cấp Medical Baseline này không đáp ứng được nhu cầu về năng lượng vì lý do sức khỏe của quý vị, vui lòng liên lạc với PG&E tại số 1-800-743-5000.** Có thể đọc thêm thông tin về chương trình Medical Baseline tại pge.com/medicalbaseline.

Nộp đơn xin tại pge.com/selfcertify

Hoặc gửi đơn xin qua thư bưu điện đến:
PG&E Billing Center Medical Baseline
P.O. Box 8329, Stockton, CA 95208

BƯỚC 4 Chữ Ký

Tôi xác nhận thông tin ở trên là đúng. Tôi cũng xác nhận cư dân sử dụng dịch vụ Medical Baseline cư ngụ toàn thời gian tại địa chỉ này và cần đến hoặc tiếp tục cần đến dịch vụ của chương trình Medical Baseline. Tôi đồng ý cho PG&E xác minh thông tin này. **Tôi cũng đồng ý thông báo ngay cho PG&E nếu cư dân hội đủ điều kiện đó chuyển nơi ở hoặc không còn cần dịch vụ của chương trình Medical Baseline nữa.**

KÝ TÊN

CHỮ KÝ CỦA KHÁCH HÀNG

NGÀY



Medical Baseline 프로그램 자가 증명 요청

1단계 계정 및 고객 정보 (정자로 작성하십시오.)

PG&E 고객 계정 번호

고객 이름 (PG&E 고지서에 표시된 이름)

MEDICAL BASELINE 주민 이름 (고객 이름과 다른 경우)

서비스 주소

아파트 호수

시

주

우편번호

고객 우편주소 (서비스 주소와 다른 경우)

아파트 호수

시

주

우편번호

주택 전화번호

직장 전화번호

2단계 PG&E 이외의 업자에게 납부하는 고객 용

이동식 주택 또는 아파트 단지 이름

단지 주소

단지 관리자 이름

단지 전화번호

입주자 이름

입주자 전화번호

3단계 정전 또는 Medical Baseline 과 관련해 기타 연락이 필요한 경우 선호하는 연락 방법 (해당하는 모든 항목에 체크)

예정된 공공안전 전력차단(PSPS) 또는 기타 정전이 될 수 있는 상황이 발생하기 전에 PG&E에서 연락을 할 수 있도록 등록된 연락처 정보가 정확한지 확인하십시오. 경우에 따라 서신을 발송할 수 있습니다. PSPS가 발생한 경우에는 모든 연락처로 연락이 이루어집니다.

선호하는 연락처

- 통화용 전화번호 1: _____
- 통화용 전화번호 2: _____
- 문자용 휴대전화 번호 1: _____
- 문자용 휴대전화 번호 2: _____
- 이메일 1: _____
- 이메일 2: _____
- TTY 연락 전화번호: _____

본인은 다음 사항을 이해하고 동의합니다.

1. 정식 면허를 가진 의료인이 주민의 질병이 만성임을 확인할 경우 2년에 한 번씩 주민의 Medical Baseline 프로그램 자격 유지를 자가 증명하는 양식을 작성해야 합니다.
2. 정식 면허를 가진 의료인이 주민의 질병이 만성이 아님을 확인할 경우 매년 주민의 Medical Baseline 프로그램 자격 유지를 자가 증명하는 양식을 작성하고 2년에 한 번씩 정식 면허를 가진 의료인의 확인서를 포함한 신규 신청서를 작성해야 합니다.
3. 시각장애를 가진 주민은 PG&E 에 연락해 재확인(정식 면허를 가진 의료인 확인서를 포함한 신규 신청서 작성) 또는 자가 증명에 대한 공지를 발송할 때 특수한 공지 방식을 요청할 수 있습니다.
4. PG&E는 가스 및 전기 서비스가 중단 없이 공급될 수 있다는 점을 보장할 수 없습니다. 본인은 가스 또는 전기 공급 중단 시 대체 수단을 마련할 책임이 있습니다.
5. 고객은 Energy Upgrade California® Home Upgrade 와 같은 에너지 절약 프로그램의 혜택을 받을 수도 있습니다. 소득 기준에 부합하는 고객을 위한 Energy Savings Assistance Program은 무상으로 개선 서비스를 제공합니다. 자세한 내용은 pge.com/saveenergy 를 참조하십시오.
6. 정전이 예상보다 길어질 경우 본인의 안전과 안위를 위해 주 차원 및 지역 차원의 응급대응팀 등의 단체가 PG&E 와 본인을 지원해 줄 수 있도록 PG&E 는 해당 단체와 연락처 정보를 공유할 수 있습니다.
7. 표준 Medical Baseline 프로그램은 최저 요금으로 추가 에너지를 제공합니다. Medical Baseline 보조 용량이 표준 요금제 기본 할당량에 추가됩니다. 전기의 경우 가구당 하루 평균 소비량에 해당하는 16.438 kWh(매월 약 500 kWh)가 매일 추가됩니다. 가스의 경우 가구당 하루 평균 소비량의 3/4에 해당하는 0.82192 therms(매월 약 25 therms)가 매일 추가됩니다. **해당 Medical Baseline 보조 용량이 귀하가 필요로 하는 의료 에너지 필요량 못 미칠 경우 PG&E, 1-800-743-5000으로 연락 주십시오.** Medical Baseline 프로그램에 대한 자세한 내용은 pge.com/medicalbaseline 을 참조하십시오.

pge.com/selfcertify에서 신청

또는 신청서 우편 접수:

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

4단계 서명

본인은 상기 정보가 정확하다는 사실을 확인합니다. 또한 본인은 Medical Baseline 프로그램의 혜택을 받는 주민이 본 주소지에 상시 거주하고 있으며 Medical Baseline 프로그램을 필요로 하거나 지속적으로 필요로 한다는 사실을 확인합니다. 본인은 PG&E에서 해당 정보를 확인하는데 동의합니다. **또한 본인은 해당 주민이 이사하거나 더 이상 Medical Baseline 프로그램을 필요로 하지 않을 경우 즉시 PG&E 에 알릴 것에 동의합니다.**

서명

고객 서명

날짜

자동 문서, 예비 진술, 파트 A

**PG&E Gas and Electric
Advice Submittal List
General Order 96-B, Section IV**

AT&T
Albion Power Company

Alta Power Group, LLC
Anderson & Poole

Atlas ReFuel
BART

Barkovich & Yap, Inc.
California Cotton Ginners & Growers Assn
California Energy Commission

California Hub for Energy Efficiency
Financing

California Alternative Energy and
Advanced Transportation Financing
Authority
California Public Utilities Commission
Calpine

Cameron-Daniel, P.C.
Casner, Steve
Cenergy Power
Center for Biological Diversity

Chevron Pipeline and Power
City of Palo Alto

City of San Jose
Clean Power Research
Coast Economic Consulting
Commercial Energy
Crossborder Energy
Crown Road Energy, LLC
Davis Wright Tremaine LLP
Day Carter Murphy

Dept of General Services
Don Pickett & Associates, Inc.
Douglass & Liddell

East Bay Community Energy Ellison
Schneider & Harris LLP Energy
Management Service
Engineers and Scientists of California

GenOn Energy, Inc.
Goodin, MacBride, Squeri, Schlotz &
Ritchie

Green Power Institute
Hanna & Morton
ICF

IGS Energy
International Power Technology
Intestate Gas Services, Inc.
Kelly Group
Ken Bohn Consulting
Keyes & Fox LLP
Leviton Manufacturing Co., Inc.

Los Angeles County Integrated
Waste Management Task Force
MRW & Associates
Manatt Phelps Phillips
Marin Energy Authority
McKenzie & Associates

Modesto Irrigation District
NLine Energy, Inc.
NRG Solar

Office of Ratepayer Advocates
OnGrid Solar
Pacific Gas and Electric Company
Peninsula Clean Energy

Pioneer Community Energy

Redwood Coast Energy Authority
Regulatory & Cogeneration Service, Inc.
SCD Energy Solutions
San Diego Gas & Electric Company

SPURR
San Francisco Water Power and Sewer
Sempra Utilities

Sierra Telephone Company, Inc.
Southern California Edison Company
Southern California Gas Company
Spark Energy
Sun Light & Power
Sunshine Design
Tecogen, Inc.
TerraVerde Renewable Partners
Tiger Natural Gas, Inc.

TransCanada
Utility Cost Management
Utility Power Solutions
Water and Energy Consulting Wellhead
Electric Company
Western Manufactured Housing
Communities Association (WMA)
Yep Energy