



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.)

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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