



Medical Baseline (MBL) Medical Practitioner Portal Instruction Manual

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

The screenshot shows the PG&E website's Medical Baseline Program Certification page. The page has a blue header with the PG&E logo and navigation links for Residential and Business. Below the header is a dark blue banner with the text "Medical Baseline Program Certification". The main content area is white and contains the following sections:

- Medical Baseline Program Overview**: A brief description of the program and a link to learn more.
- Verifying That Your Patient Qualifies for the Program**: A section with instructions for medical practitioners.
- Medical Practitioner Sign In**: A section with several input fields and a submit button. Each field has a red callout box with instructions:

- PATIENT CONFIRMATION NUMBER ***: "Please type in the confirmation number that was sent to the applicant via email upon online application form submission. The confirmation number consists of a series of letters and numbers and is case sensitive." The input field is labeled "10-digit number".
- MEDICAL PRACTITIONER FIRST NAME ***: "Please type in your First Name as it appears on your medical license." The input field is labeled "First name".
- MEDICAL PRACTITIONER LAST NAME ***: "Please type in your Last Name as it appears on your medical license." The input field is labeled "Last name".
- MEDICAL PRACTITIONER EMAIL ADDRESS**: "Please type in and confirm your email address." The input field is labeled "address@email.com".
- CONFIRM EMAIL ADDRESS ***: "Re-type your email address, to confirm that we have the correct one." The input field is labeled "address@email.com".
- MEDICAL PRACTITIONER LICENSE NUMBER ***: "Please type in your license number as it appears on your medical license." The input field is empty.

At the bottom of the form, there is a checkbox for "I'm not a robot" with a CAPTCHA icon, and a yellow "SUBMIT" button.



Medical Baseline Program Application

For Medical Baseline Program Enrollment and

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

STEP 1 Account and Customer Information (Please print.)

1	2	3	4	5	6	7	8	9	0
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PG&E CUSTOMER ACCOUNT NUMBER

Wendy Smith

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

Wendy Smith

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

123 Main St

SERVICE ADDRESS

San Francisco

CA

APT NUMBER

94016

CITY

STATE

ZIP CODE

CUSTOMER MAILING ADDRESS (if different than service address)

APT NUMBER

CITY

STATE

ZIP CODE

415-555-1012

CUSTOMER HOME PHONE NUMBER

CUSTOMER MOBILE PHONE NUMBER

wsmith@email.com

CUSTOMER EMAIL

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

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

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

- 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

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

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: wsmith@email.com

Text mobile number: _____

Email: 415-555-1012

Contact for Deaf/hard of hearing customer using TTY at phone number
TTY is a specialized telecommunication device for the deaf and hard of hearing.

STEP 4 Signature

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

SIGN Wendy Smith

CUSTOMER SIGNATURE

02/01/2021

DATE



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.)

Please type in your patient's Last Name and First Name as it appears on their ID.

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

Please make selections for In-Home Hospice Care and Life Support devices based on your patient's needs.

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

Please type in medical device(s) that your patient is dependent on for their medical condition. You can list up to 3 medical devices.

[†]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 prevent deterioration of the patient's medical condition.

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

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

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

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

Number of Years: _____ or Permanently

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

MEDICAL PRACTITIONER'S NAME

PHONE NUMBER

OFFICE ADDRESS

CITY

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

MEDICAL STATE LICENSE OR MILITARY LICENSE NUMBER

SIGN

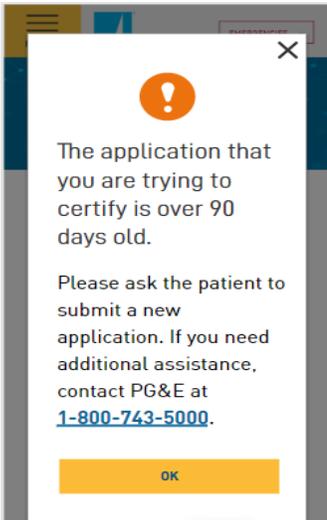
Please type in your full name as it appears on your medical license. This will be your electronic signature.

DATE

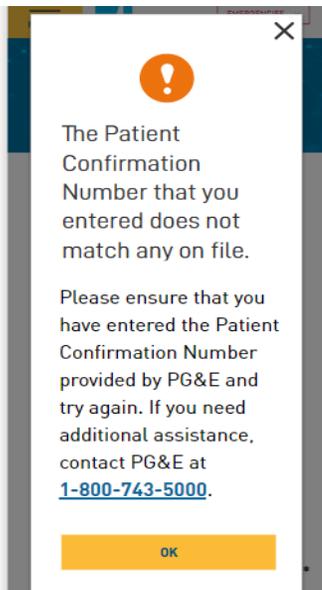
Please type in the date you certify the patient in MM/DD/YYYY format.

*A licensed physician, person licensed professional nurse, or physician assistant may certify a patient eligibility as having a life-threatening condition or illness.

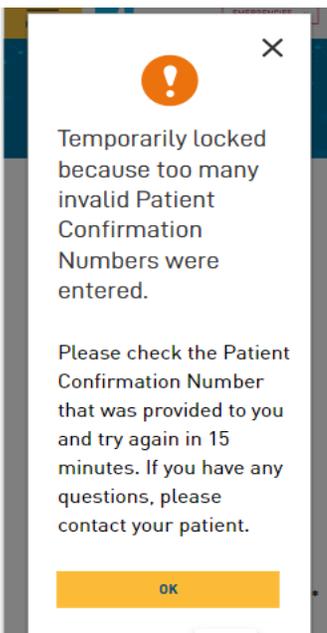
Mail application to:
PG&E Billing Center Medical Baseline
P.O. Box 8329, Stockton, CA 95208
OR



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



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



The Medical Practitioner Portal screen has been temporarily locked. You can try again in 15 minutes.
Please check that you are typing in the correct confirmation number.
The confirmation number consists of a series of letters and numbers and is case sensitive.