





# 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)<sup>†</sup> (Check one.)  Yes  No

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

Device: \_\_\_\_\_  Electricity  Gas

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<sup>†</sup>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](http://pge.com/medicalbaseline)**