

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 (the customer or a full-time resident in the service			
SERVICE ADDRESS		APT NUMBER	
CITY	STATE	ZIP CODE	
CUSTOMER MAILING ADDRESS (if different than se	ervice address)	vice address) APT NUMBER	
CITY	STATE	ZIP CODE	
CUSTOMER HOME PHONE NUMBER	CUSTOMER	CUSTOMER MOBILE PHONE NUMBER	
CUSTOMER EMAIL			
STEP 2 For customers billed by	someone oth	er than PG&E	
NAME OF MOBILE HOME OR APARTMENT COMPLEX			
COMPLEX ADDRESS			
COMPLEX MANAGER'S NAME	COMPLEX PI	HONE NUMBER	
TENANT'S NAME	TENANT'S P	HONE NUMBER	
STEP 3 Contact preferences for a communications (Check a		er Medical Baseline	
Please make sure PG&E has your correct in advance of a planned public safety powe may result in an outage. In certain situatio methods will be used during a PSPS even	contact preference er shutoff (PSPS) ons, we may also s	or other situations that	
CONTACT PREFERENCES			
Phone number:			
Text mobile number:			
Email:			
Contact for Deaf/hard of hearing customers usin TTY is a specialized telecommunication device for the d			

You can apply online at **pge.com/medicalbaseline**.

Information collected on this application is used in accordance with PG&E's Privacy Policy. The Privacy Policy is available at **pge.com/privacy**. 62-3481-A February 2021 CMB-0121-3061

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.
- 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.



CUSTOMER SIGNATURE

DATE

Automated Document, Preliminary Statement, Part A

FOR INTERNAL USE ONLY: COC 2643



STEP 5 To be completed by a qualified medical	al 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			
limited to, respirators (oxygen concentrators), iron lungs, hemodialysis machines,	ed upon for mobility. This device must run on gas or electricity delivered by PG&E. It includes, but is r ies, suction machines, electric nerve stimulators, pressure pads and pumps, aerosol tents, electrosta and motorized wheelchairs. Devices used for therapy rather than life support do not qualify.			
2. Requires heating and/or cooling:				
multiple sclerosis or scleroderma. Standard Medical Baseline a life-threatening illness, or any other condition for which additio prevent deterioration of the patient's medical condition . Additional heating is medically necessary: (Check one.)	ing and/or cooling if the patient is a paraplegic, quadriplegic, hemiplegic, has e allowances are also available if the patient has a compromised immune sys tional heating or cooling is medically necessary to sustain the patient's life	stem,		
Additional cooling is medically necessary: (Check one.)				
3. I certify that the life support device(s) and/or additio Number of Years: or Permanently	tional heating or cooling will be required for approximately: [Select	one.)		
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, no or illness.	t, nurse practitioner or physician assistant may certify a patient eligibility as having a life-threate	ening condition		
Mail application to: PG&E Billing Center Medical Baseline				

P.O. Box 8329, Stockton, CA 95208

OR

apply online: pge.com/medicalbaseline

Automated Document, Preliminary Statement, Part A