



Medical Baseline (MBL)

Application/ Recertification Form - Paper

Please go to <https://www.pge.com/medicalbaseline> print out a paper Medical Baseline application form. Part A of the application form needs to be filled in and signed by the customer.

Please write your Account Number as it appears on your PG&E energy statement.

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		

I understand a qualified medical practitioner certifies the resident's medical condition.

1. If the qualified medical practitioner certifies the resident's medical condition, PG&E requires the customer to complete a self-certification form for the Medical Baseline program.
2. If the qualified medical practitioner certifies the resident's medical condition, PG&E requires the customer to complete a self-certification form for the Medical Baseline program of a new applicant or a practitioner's certification.
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 is available at no charge. For more information, visit [pge.com/saveenergy](https://www.pge.com/saveenergy).
7. PG&E may share your information with other PG&E services.

Please write the full customer name as it appears on your PG&E energy statement.

Resident with medical condition can be the customer or another person who is a full-time resident in the address.

Please provide an email address so that PG&E can reach you for Medical Baseline Program inquiries.

This page is the continuation of Part A of the Medical Baseline Application form.

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.

organizations su
first response ag
assistance to PG
extended outage.

8. The standard Me
extra energy at th
allowances are abo
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
ame
con
**Med
med
1-8
Med
pge**

STEP
I certifi
Medica
and res
PG&E
promp
longer

SIGN
CUSTOMER SIGNATURE _____
DATE _____

Note: Please fill out Step 2 only if you are a Master Meter tenant (i.e. A resident of mobile home parks).

Please provide your contact preferences for PSPS and other planned outages.

PG&E provides extra notifications to Medical Baseline customers before and during a PSPS event. We will call you or send a text message. ANSWER THE PHONE AND SAY "HELLO" OR REPLY "1" TO OUR TEXTS to let us know you have received our notifications. If you do not respond, we will attempt to notify you in person.

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

Please sign and write the date.

PART B is to be filled by a qualified Medical Practitioner. Please make sure that your Medical Practitioner to completes and signs this form. PG&E is unable to verify your eligibility if the application form is incomplete or not signed by a qualified Medical Practitioner.



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



Please mail in your completed and signed application form to PG&E at this address.

Automated Document, Preliminary Statement, Part A

PG&E refers to Pacific Gas and Electric Company, a subsidiary of PG&E Corporation. ©2021 Pacific Gas and Electric Company. All rights reserved. These offerings are funded by California utility customers and administered by PG&E under the auspices of the California Public Utilities Commission. 62-3461-B February 2021 CMB-0121-3061