Medical Baseline Application

For Enrollment and Recertification

San Diego Gas & Electric® (SDG&E®) is dedicated to providing safe and reliable energy to those who depend on life support equipment or special environmental conditions. The Medical Baseline Allowance Program helps customers save every month on their energy bill.

What is the Medical Baseline Allowance Program?

The Medical Baseline Allowance Program provides an additional amount of gas and electricity at the lowest rates for residential customers. It is not a discount or rebate. In addition to your standard baseline allocation, the allowance received with the program is 16.5 kWh of electricity per day or 0.822 therms of natural gas per day, or both.

What qualifies as life support?

A qualifying life support device is any medical device used to sustain life or is relied upon for mobility. This device must run on gas or electricity supplied by SDG&E or a Community Choice Aggregator. 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**.

Who is eligible?

Anyone with a qualifying medical need can apply for the allowance. You can also apply even if you pay for your energy through your landlord or property owner. If your landlord or property owner provides your energy bill, that bill will have the additional allowance.

Customer contact information

For your safety, it's important we have your correct contact information in case of an outage or emergency. To check or update your contact information visit ***sdge.com/myaccount*** (log into your My Account profile, on the home page click on your profile name in top right corner, then click on "My Profile") or call **1-800-411-7343**.

While we do our best to avoid outages, we cannot guarantee that the power will always be on. Outages happen. SDG&E will attempt to notify the patient in advance of a state-directed power outage. **However, if the patient requires life support equipment, he/she should make arrangements for a backup power supply in case of an outage**.

Contact us – TDD/TTY

If you'd like more information on the Medical Baseline Allowance Program or any of the services we offer, contact SDG&E at **1-800-411-7343** or by email at *medicalbaseline@sdge.com*. You can also visit us at ***sdge.com/medicalbaseline***. For people with hearing impairments, SDG&E offers TDD/TTY at **1-877-889-7343**.

Mail the completed application to:

Medical Baseline Allowance Program
San Diego Gas & Electric
P.O. Box 129831
San Diego, CA 92112-9831

Learn more about other programs and services at *sdge.com/assistance*.

IMPORTANT: FORM INSTRUCTIONS

Kindly read all questions on the next page carefully before answering. Incomplete or missing information will prevent the application from being considered. For the application to be processed, **ANSWERS MUST BE PRINTED CLEARLY AND INSIDE each answer box and application MUST BE SIGNED**. Use black or dark blue pen or dark pencil. Fully erase or white out any mistakes. Crossed-out answers cannot be read. Please keep a completed copy of the application for your records.

TERMS AND CONDITIONS

By signing on the next page, you understand that:

1. If a licensed Medical Practitioner* certifies the resident's medical condition is **permanent**, SDG&E will require completion of a form self-certifying resident's continued eligibility for the Medical Baseline Allowance every **four years**.
2. If the licensed Medical Practitioner* certifies the resident's medical condition is **not permanent**, SDG&E will require completion of a renewal application with a licensed Medical Practitioner's certification every **two years**.
3. If the resident has a visual disability, you may contact SDG&E to request special notification when either a self-certification form or renewal application with a licensed Medical Practitioner's certification form is mailed.
4. SDG&E cannot guarantee uninterrupted gas and electric service and you are responsible for making alternate arrangements in the event of a gas or electric outage.

You authorize SDG&E to share your information regarding your participation in SDG&E's Medical Baseline Allowance Program, including, without limitation, your name, address, contact information, circuit data, Medical Baseline Allowance Program enrollment status and medical equipment needs as described in this form if requested by emergency services professionals and agencies at the city, county, state and federal level for the purposes of managing de-energizations and to allow such parties to plan for and manage emergency situations.

S2370108 1123 Tariff: 132-150

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PRINT ANSWERS CLEARLY, DARK AND INSIDE EACH ANSWER BOX. Failure to do so may lead to application errors.
Fully erase or white out any mistakes. Mail back this form to the address printed on page 1. **Photocopies are not acceptable**.

PART 1 – TO BE COMPLETED BY CUSTOMER (please print)

Account Number: Please provide first 12 digits printed on bill (including any leading 0s)

Account Holder First Name: Or applicant name, if not billed by SDG&E

Account Holder Last Name: Or applicant name, if not billed by SDG&E

Patient First Name: If different from above

Patient Last Name: If different from above

If not billed to SDG&E, provide name of mobile home or apartment complex:

Please provide the address you receive your electric and/or gas service for below. If you are billed by someone other than SDG&E, please provide your mobile home or apartment complex address below.

Service Address: **Unit:** **City:**

I certify that the above information is correct and that the Medical Baseline resident lives full-time at this address and requires or continues to require Medical Baseline Allowance. I agree to allow SDG&E to verify this information and to promptly notify SDG&E if the qualified resident moves or no longer requires the Medical Baseline Allowance. By signing below, **I also acknowledge and agree to the additional terms and conditions listed on page one of this form.**

Customer Signature: **Date:**

PART 2 – TO BE COMPLETED BY A LICENSED PRACTITIONER*

*A licensed Medical Doctor (M.D.), Doctor of Osteopathy (D.O.), Nurse Practitioner or Physician Assistant may certify a patient's eligibility.

Licensed Practitioner Name: **Medical License Number:**

Office Address: **Phone Number:** – –

Please print YES inside the box for all electric-operated devices required for the patient. Leave box **blank** for any devices inapplicable to the patient.

DO NOT PUT ANY CHECKMARKS OR X'S INSIDE THE BOXES.

Apnea Monitor	Air Mattress or Hospital Bed	Compressors	Cough Assist Vest	Defibrillator
Electric Nebulizer	Electric Nerve Simulator	Feed Pump	Hemodialysis Machine	Infusion Pumps
IPPB Machines	Kidney Dialysis	Motorized Wheelchair	Oxygen Concentrator (OC)	Pacemaker Monitor
Pressure Pads	Pressure Pumps	Respirator	Suction Machine	Ultrasonic Nebulizer
Other Electronic Devices:				

Please clearly print YES or NO for all the questions below.

Are any of the devices above required for life support?	Can the patient survive more than 2 hours without using life support equipment?
Is additional heating necessary to sustain the patient's life or prevent deterioration of the patient's medical condition?	
Is additional cooling necessary to sustain the patient's life or prevent deterioration of the patient's medical condition?	
Are any of the medical devices above and/or additional heating or cooling required for the patient permanently?	

I CERTIFY THE MEDICAL CONDITION AND NEED OF MY PATIENT. By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application. Medical license and signature must match medical provider name.

Signature of Licensed Practitioner* **Date:**

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