

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			
PBRE CUSTOMER ACCOUNT NOMBER			
CUSTOMER FIRST AND LAST NAME (as it appears on PG&E bill)			
RESIDENT WITH MEDICAL CONDITION FIRST AN (the customer or a full-time resident in the servic			
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	CUSTOMER MOBILE PHONE NUMBER	
CUSTOMER EMAIL			
STEP 2 For customers billed b	<u>v someon</u> e oth	ier 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 outages or other Medical Baseline communications (Check all that apply.)			
	att that apply.)		
Please make sure PG&E has your correc in advance of a planned public safety pow may result in an outage. In certain situati methods will be used during a PSPS even	t contact preference ver shutoff (PSPS) ions, we may also s	or other situations that	
in advance of a planned public safety pov may result in an outage. In certain situati methods will be used during a PSPS even CONTACT PREFERENCES	t contact preference ver shutoff (PSPS) ions, we may also s nt.	or other situations that	
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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 January 2024 CRS-0224-7147

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 four 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 new application including a qualified medical practitioner's certification every two years.
- **3.** Customers who are Blind or have low vision may contact PG&E at 1-800-743-5000 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 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. If you are on an eligible rate with a baseline, you may receive an additional daily 0.82192 therms of gas and/or 16.438 kWh of electricity at you current rate's baseline price to support your qualifying medical devices. If you are on an electric rate without a baseline, you may be eligible to receive a flat 12% D-MEDICAL discount. 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.

SIGN
CUSTOMER SIGNATURE

DATE

Automated Document, Preliminary Statement, Part A

FOR INTERNAL USE ONLY:



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	S FIRST NAME		
1a. Patient is on in-home hospice care (Check one.)			
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			
Device:			
Device:			
⁺ 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.)			
Additional cooling is medically necessary: (Check one.) Yes No			
3. I certify that the life support device(s) and/or additional heating or coolin	g 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 a or illness.	assistant may certify a patient eligibility as having a life-threatening conditio		
	Mail application to:		

PG&E CUSTOMER ACCOUNT NUMBER (same as page 1)

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