



San Diego Gas & Electric Company  
San Diego, California

Revised Cal. P.U.C. Sheet No. 12433-G

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**SAMPLE FORMS**

Sheet 1

FORM 132-150

Medical Baseline Allowance Application

(07/02)

(See Attached Form)

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Advice Ltr. No. 1328-G

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Issued by  
**Lee Schavrien**  
Vice President  
Regulatory Affairs

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A Sempra Energy utility™

# Medical Baseline Allowance

San Diego Gas & Electric is dedicated to providing safe and reliable energy. For people who depend on life support equipment or special environmental conditions, energy is essential. To help people with special health needs, SDG&E offers medical baseline allowances that provide additional regulated utility charges at the baseline rate, which can help keep energy costs down.

Here are the basics about medical baseline, what it is and how to apply for it. You'll also find a medical baseline application. To apply for medical baseline, simply complete the form, have your doctor sign it and mail it to us at the address shown.

## What is Medical Baseline Allowance?

Medical baseline allowance provides additional regulated utility charges at the baseline rate, which is the lowest rate for residential customers. It is not a discount or rebate.

The allowance received with medical baseline is 16.5 kWh per day and 0.822 therms per day.

## Who Can Get Medical Baseline Allowance?

Anyone with a qualifying medical need can apply for medical baseline allowance. To qualify, you or a full-time resident of your home must meet one of the following requirements:

- Require permanent space heating or air conditioning as a paraplegic, quadriplegic, hemiplegic, multiple sclerosis, scleroderma patient, or have a compromised immune system or a life threatening illness.

• Require one of the following devices:

- Aerosol Tents
- Apnea Monitors
- Hemodialysis Machines
- Compressors
- Electric Nerve Stimulators
- Pressure Pumps
- Electrostatic Nebulizers
- IPPB Machines
- Ultrasonic Nebulizers
- Iron Lungs
- Kidney Dialysis Machine
- Suction Machine
- Motorized Wheelchairs
- Pressure Pads
- Respirators
- Oxygen Concentrators

Some equipment does not qualify for medical baseline allowances. These include: whirlpool pumps, heating pads, vaporizers, humidifiers, pool or tank heaters, saunas or hot tubs.

### **How Do I Apply?**

Applying for medical baseline is easy. First, complete the form. Next, have your doctor verify your medical condition, or the need for the equipment, or both and then sign the form. Return it to SDG&E at the address on the form. Once we receive your application we'll review the information and if you qualify you'll have the additional medical baseline allowance on your next bill.

If you move, your medical baseline allowance can be transferred to your new address. Just give us a call and let us know.

### **What If I Pay My Landlord for My Energy?**

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

### **Do I Have to Renew my Application?**

Occasionally, we may ask that you renew and update your medical baseline allowance application. When we do this, we'll mail you a renewal notice.

## **Do I Have Other Responsibilities?**

If you have medical baseline allowance, you have some responsibilities.

While we do our best to avoid outages, we cannot guarantee that the power will always be on. Outages can and will happen. SDG&E will attempt to notify you in advance of a state-directed power outage. However, if you require life support equipment, you should make arrangements for a back-up power supply in case of an outage. If you will be using a generator in case of an outage, state law requires that you call and notify us that you have a generator.

You are responsible for paying your SDG&E bill within **19** days of the date it is mailed to you. Call our Customer Service Center immediately if you think you may have difficulty paying your bill. If you do not pay your SDG&E bill on time or make suitable payment arrangements, your service could be shut off.

You also are responsible for notifying us if the medical equipment is no longer needed, or if the person using it no longer lives at the address where the allowance is given.

## **Other Helpful Services**

SDG&E provides a variety of services that can help you with bill payments.

## **Third Party Reminder**

If you, or someone you know, needs an extra reminder to pay your bill, use our Third Party Notification service. With this service, we'll notify another person of your choice if your payment is late. This can help avoid any interruption in service.

## **Payment Options**

In addition to paying your bill by mail, you can use Automatic Pay or SDG&E Pay-By-Phone. Both these options debit your checking account to pay your SDG&E bill.

## Payment Offices

You can also pay your bill at any of our offices or one of our many independent bill payment locations throughout the area. Just look for the SDG&E logo in the window.

## California Alternate Rates for Energy (CARE)

You may qualify for a discount on your energy bill if your household meets the income qualifications established by the CPUC.

## Contact Us

If you'd like more information on medical baseline or any of the services we offer, contact SDG&E at **1-800-411-SDGE (7343)**, or by e-mail at [info@sdge.com](mailto:info@sdge.com). You can also visit our Web site at [www.sdge.com](http://www.sdge.com). Medical baseline applications are available to download from our web site in English, Spanish, Vietnamese and large type.

Para recibir más información acerca de la tarifa médica inicial o cualesquiera de los servicios que ofrecemos, comuníquese a SDG&E al **1-800-411-SDGE (7343)**. Las solicitudes para tarifa médica inicial también están disponibles en nuestro sitio Web en [www.sdge.com](http://www.sdge.com).

Để biết thêm chi tiết về chương trình giúp đỡ khách hàng có nhu cầu về y tế hoặc những chương trình khác, xin vui lòng liên lạc với chúng tôi ở số **1-800-411-SDGE (7343)**. Nếu xin gia tăng mức tiền lương vì lý do sức khỏe cũng có thể nhận được miễn toàn cước chúng tôi, nhà của [www.sdge.com](http://www.sdge.com).

## TDD/TTY

For people with hearing impairments, SDG&E offers TDD/TTY Monday through Friday from 8:00 A.M. to 5:00 P.M. Simply call us at (877) 889-SDGE (7343).



# Medical Baseline Allowance Application

(Used for Medical Baseline Enrollment and Re-Certification)

## PART 1: TO BE COMPLETED BY CUSTOMER *(please print)*

SDG&E Customer Account No:	
Customer Name <i>(as it appears on your bill)</i> :	
Medical Baseline resident's name <i>(if different)</i> :	
Service Address:	
Customer Mailing Address <i>(if different)</i> :	
Home Phone: ( )	Work Phone: ( )

## FOR CUSTOMERS BILLED BY SOMEONE OTHER THAN SDG&E:

Name of Mobile Home or Apartment Complex:	
Complex Address:	
Complex Manager's Name:	Complex Phone: ( )
Name of Tenant:	Tenant's Phone: ( )

## I UNDERSTAND THAT:

- ① If the doctor certifies the resident's medical condition is permanent, SDG&E will require completion of a form self-certifying continued resident's eligibility for Medical Baseline every two years.
- ② If the doctor certifies the resident's medical condition is not permanent, SDG&E will require completion of a form self-certifying continued resident's eligibility for Medical Baseline each year and completion of a new application with a doctor's certification every two years.
- ③ If the resident has a vision disability, I may contact SDG&E to request special notification when either re-certification (to complete a new application with a doctor's certification) or self-certification forms are mailed.

④ SDG&E cannot guarantee uninterrupted gas and electric service and I am responsible for making alternate arrangements in the event of a gas or electric outage.

I certify that the above information is correct. I also certify that the Medical Baseline resident lives full-time at this address, and requires or continues to require the Medical Baseline Allowance. I agree to allow SDG&E to verify this information. I also agree to promptly notify SDG&E if the qualified resident moves or Medical Baseline Allowance is no longer needed by the resident.

Customer Signature:		Date:	
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**The Standard Medical Baseline Allowance is 16.5 kilowatt-hours of electricity and/or 0.822 therms of natural gas per day, which is in addition to your daily standard Baseline Allocation. If this allowance does not meet your medical needs, please contact SDG&E at 1-800-411-SDGE (7343) to discuss additional amounts.**

**PART 2: TO BE COMPLETED BY A LICENSED MEDICAL DOCTOR (M.D.) OR DOCTOR OF OSTEOPATHY (D.O.)**

I certify that the medical condition and needs of my patient *(please print)*:

Last Name:		First Name:	
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1. REQUIRES USE OF A LIFE-SUPPORT DEVICE\* *(check one)*     Yes     No

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

Device:		<input type="checkbox"/> Electricity	<input type="checkbox"/> Gas
Device:		<input type="checkbox"/> Electricity	<input type="checkbox"/> Gas
Device:		<input type="checkbox"/> Electricity	<input type="checkbox"/> Gas

\*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. 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 COOLING:

Standard Medical Baseline Allowances are available for heating and/or cooling if patient is Paraplegic, Quadriplegic, Hemiplegic, has Multiple Sclerosis or Scleroderma. Standard Medical Baseline Allowances are also available if 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 person's life or prevent deterioration of the person's medical condition.**

**Requires Standard Medical Baseline Allowance for heating:**

(check one)  Yes  No

**Requires Standard Medical Baseline Allowance for cooling:**

(check one)  Yes  No

**3. I CERTIFY THAT THE LIFE SUPPORT DEVICE(S) AND/OR ADDITIONAL HEATING OR COOLING WILL BE REQUIRED FOR APPROXIMATELY:**

(check one)  No. of Years \_\_\_\_\_ or  Permanently

Doctor's Name:		Phone No.:	( )
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Office Address:	
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MD/DO California State License or Military License Number:	
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Signature of Doctor:		Date:	
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<b>FOR SDG&amp;E USE ONLY</b> Date Received: _____
Medical Baseline Allocation: Electric unit(s) _____ Gas unit(s) _____
Recertification: <input type="checkbox"/> Self-certify every 2 years
<input type="checkbox"/> Self-certify annually; Doctor's certification every 2 years

**MAIL APPLICATION TO: Medical Baseline Program Manager  
San Diego Gas & Electric  
P.O. Box 129831  
San Diego, CA 92112-9831**