

STEP 5 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

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: _____ Electricity Gas

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*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 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 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: (complete one)

No. of Years _____ or Permanently

DOCTOR'S NAME

PHONE #

OFFICE ADDRESS

CITY

STATE

ZIP CODE

MD/DO STATE LICENSE OR MILITARY LICENSE NUMBER

SIGNATURE OF DOCTOR

DATE

Mail application to:

PG&E
Credit and Records Center
Medical Baseline
P.O. Box 8329
Stockton, CA 95208

UTILITY USE ONLY

Date Received: _____

Medical Baseline Allocation:

Electric unit(s) Gas unit(s)

Recertification:

Self-certify every 2 years

Self-certify annually; Doctor's certification every 2 years