

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 the Medical Baseline Allowance program, which can save, on average, 30 percent every month.

What is the Medical Baseline Allowance Program?

The Medical Baseline Allowance program provides a certain amount of gas and electricity at the lowest rates for residential customers. It is not a discount or rebate.

The allowance received with the program is 16.5 kWh of electricity per day and 0.822 therms of natural gas per day.

Who Can Get the Medical Baseline Allowance?

Anyone with a qualifying medical need can apply for the 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 due to conditions such as paraplegia, quadriplegia, hemiplegia, multiple sclerosis or scleroderma, or have a compromised immune system or a life-threatening illness.
- ▶ Require one of the following devices:
 - Aerosol tents
 - Apnea monitors
 - Hemodialysis machines
 - Kidney dialysis machines
 - Suction machines
 - IPPB machines

- Electrostatic nebulizers
- Ultrasonic nebulizers
- Pressure pumps
- Pressure pads
- Compressors
- Electric nerve stimulators
- Motorized wheelchairs
- Iron lungs
- Respirators
- Oxygen concentrators

Some equipment does not qualify for the allowance, including whirlpool pumps, heating pads, vaporizers, humidifiers, pool or tank heaters, saunas, or hot tubs. However, other equipment that uses electricity may qualify. Contact us if you have any questions about specific equipment.

How Do I Apply?

Applying for the program is easy. First, complete the form. Next, have your doctor verify your medical condition, the need for the equipment or both and then sign the form. Return it to SDG&E at the address on the form. Your application will be processed within 30 days of receiving it. Please keep a copy for your records.

If you move, your 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 the Medical Baseline Allowance program even if you pay for your energy through your landlord or property owner. If your landlord or property owner provides your SDG&E bill, that bill will have the additional 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 receive the allowance, you have some responsibilities.

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 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 are also 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 the SDG&E 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 of 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 savings of up to 35% every month on your SDG&E bill if your household meets the requirements. Call **1-877-646-5525** or visit sdge.com/care to apply. You will need your account number.

Energy Savings Assistance Program

Save money and live more comfortably with free weatherization services and new appliances from this program, which is open to renters and homeowners. Visit sdge.com/energyassistance or call **1-866-597-0597**.



Contact Us

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. Medical Baseline Allowance applications are available to download from our website 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 **1-800-311-7343**. Las solicitudes para tarifa médica inicial también están disponibles en nuestro sitio Web en sdge.com/medicainicial.

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 **1-800-411-7343**. Đơn xin gia tăng định mức năng lượng vì lý do sức khỏe cũng có trên mạng lưới điện toán của chúng tôi, địa chỉ sdge.com/lang/vietnamese.

TDD/TTY

For people with hearing impairments, SDG&E offers TDD/TTY 24 hours per day, seven days per week. Simply call us at **1-877-889-7343**.



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 (as it appears on your bill):	
Medical Baseline resident's name (if different):	
Service Address:	
Customer Mailing Address (if different):	
Home Phone:	()
Alternate 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:	()

(continued)

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 resident's continued eligibility for Medical Baseline Allowance 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 resident's continued eligibility for the Medical Baseline Allowance 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 recertification (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 qualifying 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 the Medical Baseline Allowance is no longer needed by the resident.**

How would you like to be contacted in case of planned or rotating power outages?

Select only one:

- Call me at the number below OR
- Send me a text message at the number below OR
- Contact me by TDD/TTY at the number below OR
- Email me at the address below

Number OR Email:

Customer Signature:

Date:

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 **1-800-411-7343** 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:	
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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
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Device:		<input type="checkbox"/> Electricity	<input type="checkbox"/> Gas
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Device:		<input type="checkbox"/> Electricity	<input type="checkbox"/> 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 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 Allowance is available for heating and/or cooling if patient is paraplegic, quadriplegic, hemiplegic, has multiple sclerosis or scleroderma. The allowance is 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 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)

Number of Years _____ or Permanently

Doctor's Name: _____

Phone No.: () _____

Office Address: _____

MD/DO California State License or Military License Number: _____

Signature of Doctor: _____

Date: _____

FOR SDG&E USE ONLY			
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 Allowance Program Manager
San Diego Gas & Electric
P.O. Box 129831
San Diego, CA 92112-9831
Fax: 1-858-636-5749
Email: *medicalbaseline@sdge.com*