

Medical Baseline Allowance Program



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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.

Who is eligible for the Program?

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, scleroderma, a
compromised immune system,
a life-threatening illness or to
prevent deterioration of a
medical condition.

- Require one of the following devices:
 - Aerosol tents
 - Apnea monitors
 - Continuous positive air-way pressure machines (CPAP)
 - 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, air filters, vaporizers, humidifiers, pool or tank heaters, saunas, or hot tubs. However, other equipment that uses electricity may qualify.

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 energy 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 Contact
 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.
- If you move, please let us know as your allowance does not transfer automatically.

How do I apply?

Applying for the program is easy.

- 1. You need to complete part 1 of the application.
- Have your doctor verify (your medical condition, the need for the equipment, or both), fill out part 2 and sign.
- 3. Return Part 1 and Part 2 together to SDG&E by mail, fax or email (all located on the application).

Your application will be processed within 30 days of receiving it. Please keep a copy for your records.

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.

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 their 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. To enroll, call **1-800-411-7343** or visit sdge.com/thirdparty.

Level Pay Plan (LPP)

If you'd like to have more predictable energy bills each month, our LPP can help at no cost. This plan helps smooth out the ups and downs of your monthly energy bill. These highs and lows are caused by changes in the weather and how you use your appliances.

LPP will average your annual energy use and costs during a 12-month period. You pay an average bill amount each month instead of actual charges. To apply either call us at 1-800-411-7343 or visit us at sdge.com/lpp and click on the enroll online link.

"An SDG&E representative told us about the Medical Baseline Allowance Program because our son Nolan has asthma and needs to use a nebulizer. Enrolling in the program was easy and it reduced our monthly energy bill." - Amber Hills

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. Call **1-800-411-7343** to locate a payment office.

CARE Program

You may qualify for a discount every month on your SDG&E bill if your household meets the requirements. Call **211** or visit sdge.com/care to apply. You will need your account number.

Energy Savings Assistance Program

Energy SavingsAssistance 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/ esap or call **1-866-597-0597**.

TDD/TTY

For people with hearing impairments, SDG&E offers TDD/TTY at 1-877-889-7343.

^{*} As long as the residence was not previously served by the Program.

For Internal Use Only

Medical Baseline Allowance Application	
(Used for Medical Baseline Allowance Program Enrollment and Recertification)	

Part 1: To Be Completed by Customer (please print)

SDG&E® Custome	r Account #:			
Customer Name (as it appears on your bill):				
Patient's name (if different from customer):				
Service Address:		Unit/Space:	City:	
Customer Mailing Address (if different):				
Home Phone: ()	Email addre	ess:	

For Customers Billed by Someone Other Than SDG&E:

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

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
\square Send me a text message at the number below OR
\square Contact me by TDD/TTY at the number below OR
□ Email me at the address below
Number OR email:

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 the Medical Baseline Allowance every two years.

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- 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. By signing below, I authorize SDG&E to share my customer information with other utilities and/or their agents to enable them to enroll me in other utility assistance programs.

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.

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Part 2: To Be Completed by a Licensed Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.)			
I certify that the medical condition (please print):	and needs of my patient:		
Patient's Last Name:	First Name:		
1. Requires use of a medical device.			
The following medical device(s) is(are			
patient's home:			
Device:	☐ Electricity ☐ Gas		
Device:	☐ Electricity ☐ Gas		
Device:	☐ Electricity ☐ Gas		
2. Requires heating and cooling.			
The Medical Baseline Allowance is available for heating and/or cooling if the 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 patient's life or prevent deterioration of			
the patient's medical condition.			
Requires the standard Medical Base (check one) Yes No			
Requires the standard Medical Bas (check one) Yes No	eline Allowance for cooling:		

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••	
•	3. The medical device(s) listed above are required for life-support* (check one) Yes No
	*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.
	4. I certify that the medical device(s) and/or additional heating or cooling will be required for approximately: (check one) No. of Years or Permanently
	5. How long can the patient survive without using life support equipment?: (check one)
	☐ 2 Hours or Less or ☐ More than 2 Hours
	Note: 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 back-up power supply in case of an outage.
	MD or DO Name: Phone No.: ()
	Office Address:
	MD/DO State License or Military License Number:
	Signature of MD or DO (not PA or NP): Date:

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

P.O. Box 129831 | San Diego, CA 92112-9831 1-800-411-7343 | Connect at **sdge.com**

