

SAMPLE FORMS: APPLICATIONS
Medical Baseline Allowance Application
Form No. 4859-E (04/15)

Sheet 1

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(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 4783
DECISION NO.

ISSUED BY
Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)
DATE FILED Mar 26, 2015
EFFECTIVE Apr 25, 2015
RESOLUTION NO. _____

What is Medical Baseline Allowance?

Medical Baseline Allowance provides additional gas for people with certain medical conditions. It is not a discount or rebate. Customers on this program will receive 0.822 additional therms per day, billed at our lowest baseline rate.

Medical Baseline Allowance Qualifications

To qualify, you or a full-time resident of your home must require additional heat due to a qualifying medical condition. For example, you may qualify if a resident of your home has paraplegia, quadriplegia, hemiplegia, multiple sclerosis, scleroderma, a compromised immune system or a life threatening illness.

What if I Pay My Landlord for My Natural Gas?

You may qualify for Medical Baseline Allowance even if your landlord bills you for your natural gas. The landlord will reflect the allowance on your billing statement.

How Do I Apply?

Anyone can apply for Medical Baseline Allowance. To apply, complete Part 1 of the attached application. Next, have a doctor complete Part 2 of the application certifying the need for additional heat due to the medical condition. Don't forget to make a copy for your files. Mail the completed application to:

SoCalGas
Medical Baseline Allowance Program
M. L. GT19A1
P.O. Box 513249
Los Angeles, CA 90051-1249

Once we receive your application, we will review the information. If you qualify, you will see the additional Medical Baseline Allowance on your bill. Please allow one full billing cycle for the change. If you move, you must notify SoCalGas so that your Medical Baseline Allowance can be transferred to your new address. Providing assistance to customers with special needs is just one way we strive to provide exceptional service.

For more information, please visit **socialgas.com** (search "MEDICAL") or call 1-800-427-2200.

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

SOCALGAS 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 SoCalGas:

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 that the resident's medical condition is permanent, SoCalGas will require completion of a form self-certifying continued resident's eligibility for Medical Baseline Allowance every two years.
- 2 If the doctor certifies that the resident's medical condition is not permanent, SoCalGas will require completion of a form self-certifying continued resident's eligibility for 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, the resident may contact SoCalGas 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 SoCalGas cannot guarantee uninterrupted gas service, and the resident is responsible for making alternate arrangements in the event of a gas outage.

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

How would you like to be contacted in case of a planned or rotating outage?

Select only one:

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

NUMBER OR EMAIL:

CUSTOMER SIGNATURE:

DATE:

The standard medical baseline allowance is 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 SoCalGas at 1-800-427-2200 to discuss additional amounts. Hearing impaired customers who are unable to use a conventional telephone can call us toll free at 1-800-252-0259 (available in English and Spanish only).

(Continued on back)

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):

PATIENT'S 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

*Qualifying life-support equipment is any device which uses mechanical or artificial means to sustain, restore, or supplant a vital function. The device must run on natural gas supplied by SoCalGas. Devices used for therapy rather than life-support, such as pools and spas, do not qualify.

2. Requires heating and cooling:

Standard Medical Baseline Allowances are available for heating 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 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

3. I certify that the life-support device(s) and/or additional heating will be required for approximately:
(check one) No. of Years _____ or Permanently

DOCTOR'S NAME:	PHONE NO: ()
OFFICE ADDRESS:	
M.D./D.O. STATE LICENSE OR MILITARY LICENSE NUMBER:	
SIGNATURE OF DOCTOR:	DATE:

FOR SOCALGAS USE ONLY

Date Received: _____ Medical Baseline Allocation: _____ Electric unit(s) _____ Gas unit(s) _____

Recertification: Self-certify every two years Self-certify annually; doctor's certification every two years

MAIL APPLICATION TO: SoCalGas
Medical Baseline Allowance Program
M. L. GT19A1
P.O. Box 513249
Los Angeles, CA 90051-1249

Para una solicitud de Asignación Médica Inicial en español, por favor llame al 1-800-342-4545.

欲知詳情・請洽 免費粵語專線: 1-800-427-1420

더 자세한 안내를 받으시려면 다음 한국어 전화로 문의해 주십시오:
1-800-427-0471

欲知詳情・請洽 免費國語專線: 1-800-427-1429

Để biết thêm chi tiết bằng tiếng Việt, xin gọi:
1-800-427-0478

If you need assistance after hours in a language other than English or Spanish, please call our Language Interpreter Service Line at 1-888-427-1345.

Hearing impaired customers who are unable to use a conventional telephone can call us toll free at 1-800-252-0259 (available in English and Spanish only).

Please keep a completed copy of the application for your records.



A  Sempra Energy utility

1-800-427-2200
socalgas.com