

# MEDICAL BASELINE ALLOWANCE

## INFORMATION & APPLICATION



### What is Medical Baseline Allowance?

The Medical Baseline Allowance program provides additional natural gas for SoCalGas® customers 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.

### 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. **Eligibility is NOT based on income.**

### 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?

To apply, **complete Part 1** of the attached application. Next, have a medical provider **complete Part 2** of the application, certifying the need for additional heat due to the medical condition. Medical providers include licensed medical doctors [M.D.], doctors of osteopathy [D.O.], nurse practitioners [N.P.] or physician's assistants [P.A.]). We accept applications via email from your medical provider.

Mail the completed application to:

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

**Fax: 213-244-4665**

**Email: [MedicalBaselineProgram@socalgas.com](mailto:MedicalBaselineProgram@socalgas.com)**

Once we receive your application, we will review the information. If you qualify, you will see the additional allowance on your bill. Please allow one full billing cycle for the change. If you move, you must notify SoCalGas<sup>®</sup> so that your allowance can be transferred to your new address. Providing assistance to customers with special needs is just one way we strive to keep natural gas affordable.



## What if I need assistance?

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).

You can also request a large-print or Braille bill by calling 1-800-427-2200.

## For more information

Please visit [socalgas.com/Medical](https://socalgas.com/Medical) or call 1-800-427-2200.

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

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







## I UNDERSTAND THAT:

- If the medical provider 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.
- If the medical provider 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 medical provider's certification every two years.
- 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 medical provider's certification) or self-certification forms are mailed.
- SoCalGas cannot guarantee uninterrupted natural gas service, and the resident is responsible for making alternate arrangements in the event of a natural gas outage.

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**PART 2: To be completed by a medical provider (licensed medical doctor [M.D.], doctor of osteopathy [D.O.], nurse practitioner [N.P.] or physician’s assistant [P.A.]**

I certify that the medical condition and needs of my patient

Patient’s Last Name (please print):

Patient’s First Name (please print):

**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

Natural gas

Device:

Electricity

Natural gas

Device:

Electricity

Natural 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.**

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**FOR SOCALGAS USE ONLY**

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

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

**MAIL APPLICATION TO:**

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Medical Baseline Allowance Program  
M. L. GT19A1  
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Los Angeles, CA 90051-1249  
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