

MEDICAL BASELINE ALLOWANCE INFORMATION & APPLICATION



What is the Medical Baseline Allowance Program?

The Medical Baseline Allowance program provides additional natural gas at the baseline rate 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 baseline rate.

How to Qualify

To qualify, you or a full-time resident of your home must require additional heat due to a medical condition.

Eligibility is NOT based on income.

What if I pay my landlord for my natural gas?

You may qualify for the program 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

Once we receive your application, we will review the information. If you qualify, you will see the allowance on your bill. Please allow one full billing cycle for the change. If you move, you must notify SoCalGas 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 in a language other than those listed below, 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 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.

APPLICATION FOR ENROLLMENT AND RE-CERTIFICATION



PART 1: To be completed by customer (please print)

ACCOUNT NUMBER

(Please provide your SoCalGas Customer account number)



CUSTOMER NAME (First and last as it appears on your bill)

MEDICAL BASELINE RESIDENT'S NAME (if different)

SERVICE ADDRESS

APT/SPACE #

CITY

CUSTOMER MAILING ADDRESS (if different)

CITY

PRIMARY PHONE

- -

ALTERNATE PHONE

- -

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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

- -

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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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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?

- 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:

SIGNATURE: X

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).

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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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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**

MEDICAL PROVIDER'S NAME:

PHONE NO.: - -

OFFICE ADDRESS:

M.D./D.O./N.P./P.A. STATE LICENSE OR MILITARY LICENSE NUMBER:

MEDICAL PROVIDER'S SIGNATURE:

X

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; medical provider's certification every two years

MAIL APPLICATION TO:

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