Southern California Edison
Rosemead, California (U 338-E)

Revised Cal. PUC Sheet No. 70561-E
Cancelling Revised Cal. PUC Sheet No. 65645-E

MEDICAL BASELINE ALLOWANCE APPLICATION
Form 14-746

SOUTHERN CALIFORNIA EDISON®

Medical Baseline Allowance Application

(Used for Medical Baseline Enrollment and Re-Certification)

PART I: TO BE COMPLETED BY CUSTOMER *(please print)*

SCE Customer Account No.:		Service Account No.:	

(T)

Customer's Name *(as it appears on your bill):*	
Name of Medical Baseline Patient at Residence *(if different):*	
Service Address:	
Customer's Mailing Address *(if different)*:	

Home Phone:	( )	Alternate Phone:	( )

FOR CUSTOMERS BILLED BY SOMEONE OTHER THAN SCE:

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

SCE MEDICAL BASELINE ALTERNATE CONTACT INFORMATION:

Upon completion of this application, we will automatically notify you of planned, unplanned, and rotating outages by phone. We also have the capability of notifying you of outages by e-mail or text messaging. If you already receive outage notifications from us and want to continue, or if you are not currently receiving outage notifications but would like to, please indicate your preferred method of receiving outage information below:

(T)

○ Phone *(please indicate telephone number)*:	( )
○ Text message *(please indicate cell telephone number)*:	( )
○ E-mail *(please indicate e-mail address)*:	
○ I do not wish for SCE to contact me with outage information.	

(D)

CUSTOMER UNDERSTANDS THAT:

1. If a Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA) or Nurse Practitioner (NP) certifies the resident's medical condition is permanent, the Medical Baseline resident must complete a form self-certifying his/her continued eligibility for Medical Baseline every two years.
2. If a Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA) or Nurse Practitioner (NP) certifies the resident's medical condition is not permanent, the Medical Baseline resident must complete a form self-certifying his/her continued eligibility for Medical Baseline each year and the customer must submit a new application with a doctor's certification every two years.
3. If the resident is visually impaired, the customer may contact SCE 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. SCE cannot guarantee uninterrupted gas and electric service and customers are 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 Medical Baseline resident lives full-time at this address and requires or continues to require the Medical Baseline Allowance. I agree to allow SCE to verify this information. I also agree to promptly notify SCE if the qualified resident moves or no longer requires the Medical Baseline Allowance.

Customer Signature:		Date: mm/dd/yy	

The Standard Medical Baseline Allowance is 16.5 kilowatt-hours of electricity per day (0.822 therms of natural gas per day), which is in addition to your standard Baseline Allocation. If this allowance does not meet your medical needs, please contact SCE at 1-800-447-6620 to discuss additional amounts.

PART 2: TO BE COMPLETED BY A LICENSED MEDICAL DOCTOR (MD), DOCTOR OF OSTEOPATHY (DO), PHYSICIAN ASSISTANT (PA) OR NURSE PRACTITIONER (NP)

I certify that the medical condition and needs of my patient *(please print):*

Patient's Last Name:		First Name:	

1. REQUIRES USE OF ELECTRICALLY-OPERATED MEDICAL DEVICES* *(check one)* ○ Yes ○ No

The following electrically-operated medical device(s) is (are) used in the above-named patient's home:

Device:		○ Electricity	○ Gas
Device:		○ Electricity	○ Gas
Device:		○ Electricity	○ Gas

* A qualifying electrically-operated medical device is any medical device used to sustain life or relied upon for mobility. This device must run on gas or electricity supplied by SCE. 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 do not qualify.**

2. IS THE PATIENT UNDER HOSPICE CARE: *(check one)* ○ Yes ○ No

3. REQUIRES HEATING AND COOLING:

Standard Medical Baseline Allowances are available for heating and/or cooling if the patient is Paraplegic, Quadriplegic, Hemiplegic, has Multiple Sclerosis or Scleroderma. Standard Medical Baseline Allowances are 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 Standard Medical Baseline Allowance for heating: *(check one)* ○ Yes ○ No

Requires Standard Medical Baseline Allowance for cooling: *(check one)* ○ Yes ○ No

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. IF THE EQUIPMENT IS FOR LIFE-SUPPORT PURPOSES, PLEASE INDICATE BELOW THE PATIENT'S TOLERANCE TIME ABSENT THE EQUIPMENT: *(check one)*

○ 2 Hours or Less ○ More Than 2 Hours

MD, DO, PA, NP Name *(please print)*:		Phone:	( )
Office Address:			
MD, DO, PA, NP State License or Military License Number:			
Signature of Doctor (MD, DO, PA, NP *signature only):*		Date: mm/dd/yy	

SCE reserves the right to verify information contained on this application with the authorizing physician.

FOR SCE USE ONLY:

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

Recertification: ○ Self-Certify Every 2 Years ○ Self-Certify Annually: MD, DO, PA, NP Certification Every 2 Years

MAIL APPLICATION TO:

Southern California Edison Company
Medical Baseline Department
P.O. Box 9527
Azusa, CA 91702-9954