

What if a portable generator is part of my back-up plan?

Portable electric generators can be used to provide electricity during an electrical outage. When plugging your medical device directly into a temporary portable generator, carefully follow the manufacturer's instructions. Never attempt to connect a generator to the house wiring. Only a licensed electrician should do this. Portable generators should **NEVER** be connected directly to the utility lines.

Do I need to let SCE know if I purchase a generator?

Yes, state law requires that you let your utility know if a generator is being used at your home or business. To notify us, please call **1-800-655-4555**.

For More Information

For more information or if you need help filling out your application, call us at **1-800-447-6620** or visit sce.com/medicalbaseline.



Multicultural services

Cambodian / ខ្មែរ	1-800-843-1309
Chinese / 中文	1-800-843-8343
Korean / 한국어	1-800-628-3061
Vietnamese / Tiếng Việt	1-800-327-3031
Spanish / Español	1-800-441-2233

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MEDICAL BASELINE ALLOWANCE

When you require electrically-operated medical equipment in your home.



MEDICAL BASELINE ALLOWANCE

If you or someone in your household requires the regular use of electrically-operated medical equipment or other qualifying medical devices, our Medical Baseline Allowance program can provide an extra 16.5 kilowatt hours of electricity per day.* Provided at the lowest baseline rate, this helps offset the cost of operating the medical equipment.

Regardless of your household income, you may qualify if you meet the eligibility requirements below. We encourage you to apply for the Medical Baseline Allowance.

How do I know if I'm eligible?

You may be eligible for the Medical Baseline Allowance if you or another full-time resident in your home:

1. Requires the regular use of electrically-operated medical/life support equipment to sustain, replace, or restore a vital physical function, and/or
2. Is affected by a condition including multiple sclerosis, scleroderma, or is paraplegic, quadriplegic, or hemiplegic (see list on sce.com/medicalbaseline), or
3. Has a life-threatening illness or compromised immune system that requires heating and/or cooling.

Customers receiving a Medical Baseline Allowance specifically for air conditioning use related to a medical condition are not eligible to participate in SCE's Summer Discount Plan.

What is qualifying medical equipment?

Any electrically-powered device that mechanically or artificially sustains life or restores or replaces a vital physical function, including mobility, is considered qualifying medical equipment. This includes but is

* For Santa Catalina Island gas customers, the standard Medical Baseline Allocation will be 0.822 therms per day.

not limited to life-support equipment. Devices used for therapy but not medically required for sustaining life do not qualify.

How do I apply?

To apply for the Medical Baseline Allowance program, fill out the customer section (Part 1) of the attached application. Next, have the patient's qualifying medical professional complete and sign the remaining section (Part 2). Review the application to make sure it is complete and return it to:

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

Important Note: Before you are approved for the Medical Baseline Allocation, an SCE representative may visit your home for equipment verification purposes.

What if a property owner or other party pays for my electricity?

If a property owner or another party pays a Domestic Multi-family (DM) rate for the electricity at your residence, he/she must also sign your Medical Baseline Allowance Application with your medical professional.

When will the allocation appear on my bill?

If approved, your Medical Baseline Allocation will appear on all subsequent bills while enrolled in the program.

Will I need to renew my application?

All Medical Baseline Allocation applications must be periodically renewed. We will send you a form to do this before your scheduled renewal date. The renewal frequency is based on the type of illness and the medical equipment used. As part of this review process, your medical professional may be asked to fill out a renewal form and verify that you still require the medical equipment.

What if I move?

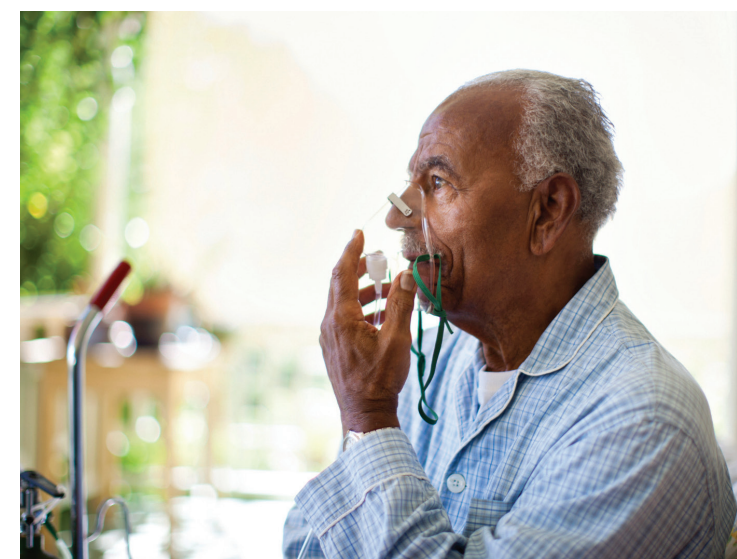
If you move within SCE's service territory, your Medical Baseline Allocation can be transferred to your new service address. For more information, call **1-800-447-6620**.

What if the electricity goes out?

All customers who depend upon electrically-operated medical or life-support equipment for survival should be prepared at all times with a back-up power system or other plans necessary to ensure their health and welfare during outages. SCE does not provide back-up generation.

Manufacturers often provide a battery back-up system (portable unit) for their medical equipment. If you need assistance determining if your device has a battery back-up system, please contact the equipment manufacturer.

Note: We will attempt to notify Medical Baseline Allowance customers via an automatic phone call if their residential area is scheduled to experience a rotating outage that day or if maintenance work is to be conducted.





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.:	2-	Service Account No.:	3-
Customer's Name <i>(as it appears on your bill):</i>			
Name of Medical Baseline Patient at Residence <i>(if different):</i>			
Service Address:			
Customer's Mailing Address <i>(if different):</i>			
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, text messaging, or teletypewriter (TTY). 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:

<input type="radio"/> Phone <i>(please indicate telephone number):</i>	()	<input type="radio"/> TTY <i>(please indicate telephone number):</i>	()
<input type="radio"/> Text message <i>(please indicate cell telephone number):</i>	()		
<input type="radio"/> E-mail <i>(please indicate e-mail address):</i>			
<input type="radio"/> I do not wish for SCE to contact me with outage information.			

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	
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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.

Last Updated 7/20

Medical Baseline Allowance Application

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:	
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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:		<input type="radio"/> Electricity	<input type="radio"/> Gas
Device:		<input type="radio"/> Electricity	<input type="radio"/> Gas
Device:		<input type="radio"/> Electricity	<input type="radio"/> 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 <i>(please print)</i> :		Phone:	()
Office Address:			
MD, DO, PA, NP State License or Military License Number:			
Signature of Doctor <i>(MD, DO, PA, NP signature only)</i> :		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: <input type="radio"/> Self-Certify Every 2 Years <input type="radio"/> 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

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