



MEDICAL BASELINE ALLOWANCE APPLICATION Used for Medical Baseline Enrollment and Re-Certification

PART 2 TO BE COMPLETED BY A LICENSED MEDICAL DOCTOR (M.D.), DOCTOR OF OSTEOPATHY (D.O.), PHYSICIAN'S ASSISTANT, OR NURSE PRACTITIONER

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

Last Name First Name

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: HOURS/DAY:

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Device: HOURS/DAY:

*A qualifying life-support device is any medical device used to sustain life or is relied upon for mobility. This device must run on electricity supplied by Liberty. 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, IBB machines, kidney dialysis machines, and motorized wheelchairs. Devices used for therapy rather than life-support do not qualify.

2. Requires heating and cooling:

Standard Medical Baseline Allowances are available for heating and/or cooling if patient is Paraplegic, Quadriplegic, and Hemiplegic, has Multiple Sclerosis or Scleroderma. Standard Medical Baseline Allowances are also available if a 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 person's life or prevent deterioration of the person'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

3. I certify that the life support device(s) and/or additional heating or cooling will be required for approximately:

(Complete one) # of Years OR Permanently

Qualified Medical Professional's Name: Phone #: ()

Office Address:

MD/DO California State License or Military License Number:

Signature of Qualified Medical Professional: Date:

FOR LIBERTY USE ONLY: Date Received:

Recertification: Self-certify every 2 years Self-certify annually; Qualified Medical Professional's certification every 2 years

Mail To: Liberty Utilities (CalPeco Electric) LLC, Attn: Medical Baseline, 933 Eloise Ave., South Lake Tahoe CA 96150