

PUBLIC UTILITIES COMMISSION  
505 Van Ness Avenue  
San Francisco CA 94102-3298



**Southern California Gas Company**  
**GAS (Corp ID 904)**  
**Status of Advice Letter 6097G**  
**As of July 24, 2023**

Subject: Revisions to the Medical Baseline Program Requirements Pursuant to Decision 22-11-033

Division Assigned: Energy

Date Filed: 02-21-2023

Date to Calendar: 03-01-2023

Authorizing Documents: D2211033

<b>Disposition:</b>	<b>Accepted</b>
<b>Effective Date:</b>	<b>03-23-2023</b>

Resolution Required: No

Resolution Number: None

Commission Meeting Date: None

CPUC Contact Information:

[edtariffunit@cpuc.ca.gov](mailto:edtariffunit@cpuc.ca.gov)

AL Certificate Contact Information:

Gary Lenart

213) 244-2424

[GLenart@socalgas.com](mailto:GLenart@socalgas.com)

**PUBLIC UTILITIES COMMISSION**  
505 Van Ness Avenue  
San Francisco CA 94102-3298



To: Energy Company Filing Advice Letter

From: Energy Division PAL Coordinator

Subject: Your Advice Letter Filing

The Energy Division of the California Public Utilities Commission has processed your recent Advice Letter (AL) filing and is returning an AL status certificate for your records.

The AL status certificate indicates:

- Advice Letter Number
- Name of Filer
- CPUC Corporate ID number of Filer
- Subject of Filing
- Date Filed
- Disposition of Filing (Accepted, Rejected, Withdrawn, etc.)
- Effective Date of Filing
- Other Miscellaneous Information (e.g., Resolution, if applicable, etc.)

The Energy Division has made no changes to your copy of the Advice Letter Filing; please review your Advice Letter Filing with the information contained in the AL status certificate, and update your Advice Letter and tariff records accordingly.

All inquiries to the California Public Utilities Commission on the status of your Advice Letter Filing will be answered by Energy Division staff based on the information contained in the Energy Division's PAL database from which the AL status certificate is generated. If you have any questions on this matter please contact the:

Energy Division's Tariff Unit by e-mail to  
**[edtariffunit@cpuc.ca.gov](mailto:edtariffunit@cpuc.ca.gov)**



**Joseph Mock**  
Director  
Regulatory Affairs

555 W. Fifth Street, GT14D6  
Los Angeles, CA 90013-1011  
Tel: 213.244.3718  
Fax: 213.244.4957  
[JMock@socalgas.com](mailto:JMock@socalgas.com)

February 21, 2023

Advice No. 6097  
(U 904 G)

Public Utilities Commission of the State of California

**Subject: Revisions to the Medical Baseline Program Requirements Pursuant to Decision 22-11-033**

### **Purpose**

In accordance with Decision (D.) 22-11-033,<sup>1</sup> Southern California Gas Company (SoCalGas) hereby submits to the California Public Utilities Commission (CPUC or Commission) modifications to the Medical Baseline (MBL) program, the implementation plan for the modifications, and updates to its tariff associated sample forms applicable throughout its service territory as shown on Attachment A.

### **Background**

SoCalGas provides a specified amount of natural gas, referred to as “baseline allowance,” to residential customers at the lowest residential rate. Through the MBL program, SoCalGas provides customers with certain medical conditions a larger baseline allowance of natural gas billed at the lowest residential rate.

D.02-04-026 directed the respondent utilities, including SoCalGas, to require customers certified as having a permanent disability to self-certify their MBL program eligibility every two years and to require customers without a permanent disability to self-certify each year and provide a doctor’s certification every two years.

On August 3, 2022, Pacific Gas and Electric Company, San Diego Gas and Electric Company, Southern California Edison Company, and SoCalGas (collectively, the Joint IOUs) filed a joint petition for modification of D.02-04-026 (Petition), proposing to reduce the frequency or recertifications required for MBL customers to remain enrolled in the program.

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<sup>1</sup> D.22-11-033, Decision Modifying Decision 02-04-026 Regarding Requirements to Remain Enrolled in Medical Baseline Program.

Specifically, the Joint IOUs proposed to change the requirements for customers with a permanent condition from self-certification every two years to self-certification every four years. For customers with non-permanent conditions, the Joint IOUs proposed to eliminate self-certification, but retain the qualified medical practitioner certification every two years.

On November 17, 2022, D.22-11-033 approved the Petition without modification. Ordering Paragraph (OP) 2 of D.22-11-033 directed the Joint IOUs to submit a Tier 2 Advice Letter containing implementation plans, timelines, needed tariff revisions, and estimated incremental costs associated with implementing the modifications adopted in the decision.<sup>2</sup>

## **Discussion**

### **Implementation Plan and Timeline**

SoCalGas provides the following implementation plan and timelines to be completed in phases with initiation of phase 1 within 90 days of approval of this advice letter.

#### **Phase 1**

##### **1. Pause Medical Baseline Recertifications**

Within 30 days of the date that this advice letter is approved, SoCalGas proposes to pause all recertifications for customers while implementing system modifications. The pause will allow customers a grace period for the new recertification timelines to be implemented, reduce confusion, and help keep customers on the program who might otherwise be removed when required to recertify.

##### **2. Customer Facing Digital communications**

SoCalGas will begin making updates to customer-facing digital assets, such as socialgas.com and email communications, noting the updated recertification timelines.

##### **3. Customer Contact Center**

SoCalGas will be updating the customer call center help database with the new timelines and will be training representatives on the updated procedures.

#### **Phase 2**

##### **1. CIS System, Automated letter, Email and Form Revisions**

SoCalGas requires changes to its Customer Information System (CIS) for the change to MBL recertification timelines. In addition, system updates are also required to change the cadence of forms and letters automatically generated to customers. SoCalGas will also use the mentioned resource efforts to enhance the customer experience and reduce enrollment timelines by automating the processing of incoming MBL applications.

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<sup>2</sup> D.22-11-033, at 11 (OP 2).

## **2. Customer Facing Print Communications**

SoCalGas will complete the changes to all paper applications and formats, print brochures, and outreach materials to reflect the updated timelines. This includes translating all materials into Spanish, Chinese, Korean, and Vietnamese, as well as making them accessible for the web, mobile, and printing. SoCalGas expects this to be completed between quarter 3 of 2023 through quarter 1 of 2024.

### **Tariff Revisions**

In Attachment A, SoCalGas has updated Form no. 4859-E and Form No. 4860 to modify the recertification timelines. Because SoCalGas is already modifying the MBL forms, due to the recertification timelines, and to reduce the number of versions in existence, SoCalGas proposes additional modifications to the form. These include minor formatting and editorial changes, as well as removing language focused on electric utilities, which are not applicable to SoCalGas.

The recertification revisions to Form No. 4859-E and Form No. 4860, in the respective “I Understand” section(s) are as follows:

1. 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 the Medical Baseline Allowance every four years.
2. If the medical provider certifies that the resident’s medical condition is not permanent, SoCalGas will require completion of a new application with a medical provider’s certification every two years.

SoCalGas proposes other general formatting and verbiage revisions to Form No. 4859-E:

To reduce potential confusion for SoCalGas customers, SoCalGas also proposes the removal of some Electric IOU only content in its current tariff. These include the “How would you like to be contacted” section requesting customer contact information in the case of a planned or rotating outage. SoCalGas does not have planned or rotating outages and this section may confuse customers and provide a false sense of security that they are completing this for their electric provider. SoCalGas also proposes moving “Requires use of a life support device” section below the heating allowance as there are no longer life support devices for natural gas. Deprioritizing this section will reduce confusion for customers and medical providers who are applying only for a natural gas allowance.

In addition, SoCalGas has made other small changes in the order of sections in an effort to reduce common errors previously received in submissions such as missing patient name and confirmation of heating allowance requirement.

### **Estimated Incremental Costs**

Pursuant to the D.22-11-033, SoCalGas plans to record the incremental MBL recertification administrative and implementation costs to the Disconnections Memorandum Account. SoCalGas is unique from the other electric and dual-energy source utilities in that there is no additional funding source such as Public Safety Power Shutoffs (PSPS) to promote, enhance, improve, nor implement the program or additional resources needed to process increased enrollments. Because SoCalGas will already be making system changes that will incur costs to implement the modification to the recertification timelines, SoCalGas plans to use the same resources to make the additional needed changes to improve processing. This will save on overall costs and improve the customer experience. Costs below are calculated based on the estimated efforts required for the implementation. Costs are subject to change, as the scope and the effort may change during the implementation.

**Table 1: SoCalGas Cost Estimate for Medical Baseline recertification**

<b>Description</b>	<b>Cost Estimate</b>
CIS System Updates	\$50,000
Automate CIS recertification process	\$45,000
Update CIS forms, emails and letters	\$35,000
Updating customer facing materials	\$15,000
Total:	\$145,000

### **Protests**

Anyone may protest this Advice Letter to the Commission. The protest must state the grounds upon which it is based, including such items as financial and service impact, and should be submitted expeditiously. The protest must be submitted electronically and must be received within 20 days after the date of this Advice Letter, which is March 13, 2023. Protests should be submitted to the attention of the Energy Division Tariff Unit at:

E-mail: [EDTariffUnit@cpuc.ca.gov](mailto:EDTariffUnit@cpuc.ca.gov)

In addition, protests and all other correspondence regarding this Advice Letter should also be sent electronically to the attention of:

Attn: Gary Lenart  
 Regulatory Tariff Manager  
 E-mail: [GLenart@socalgas.com](mailto:GLenart@socalgas.com)  
 E-mail: [Tariffs@socalgas.com](mailto:Tariffs@socalgas.com)

**Effective Date**

SoCalGas asserts this submittal is subject to Energy Division disposition and should be classified as Tier 2 (effective after staff approval) pursuant to OP 2 of D.22-11-033 and General Order (GO) 96-B. SoCalGas respectfully requests that this submittal become effective March 23, 2023, which is 30 calendar days after the date submitted.

**Notice**

A copy of this Advice Letter is being sent to SoCalGas' General Order (GO) 96-B service list and the Commission's service list in R.01-05-047. Address change requests to the GO 96-B service list should be directed via e-mail to [Tariffs@socalgas.com](mailto:Tariffs@socalgas.com) or call 213-244-2837. For changes to all other service lists, please contact the Commission's Process Office at 415-703-2021 or via e-mail at [Process\\_office@cpuc.ca.gov](mailto:Process_office@cpuc.ca.gov).

*/s/ Joseph Mock*  
Joseph Mock  
Director – Regulatory Affairs

Attachments



# ADVICE LETTER SUMMARY

## ENERGY UTILITY



MUST BE COMPLETED BY UTILITY (Attach additional pages as needed)

Company name/CPUC Utility No.:

Utility type:

ELC       GAS       WATER  
 PLC       HEAT

Contact Person:

Phone #:  
E-mail:  
E-mail Disposition Notice to:

EXPLANATION OF UTILITY TYPE

ELC = Electric      GAS = Gas      WATER = Water  
PLC = Pipeline      HEAT = Heat

(Date Submitted / Received Stamp by CPUC)

Advice Letter (AL) #:

Tier Designation:

Subject of AL:

Keywords (choose from CPUC listing):

AL Type:  Monthly     Quarterly     Annual     One-Time     Other:

If AL submitted in compliance with a Commission order, indicate relevant Decision/Resolution #:

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL:

Summarize differences between the AL and the prior withdrawn or rejected AL:

Confidential treatment requested?  Yes     No

If yes, specification of confidential information:

Confidential information will be made available to appropriate parties who execute a nondisclosure agreement. Name and contact information to request nondisclosure agreement/ access to confidential information:

Resolution required?  Yes     No

Requested effective date:

No. of tariff sheets:

Estimated system annual revenue effect (%):

Estimated system average rate effect (%):

When rates are affected by AL, include attachment in AL showing average rate effects on customer classes (residential, small commercial, large C/I, agricultural, lighting).

Tariff schedules affected:

Service affected and changes proposed<sup>1</sup>:

Pending advice letters that revise the same tariff sheets:

<sup>1</sup>Discuss in AL if more space is needed.



**Protests and all other correspondence regarding this AL are due no later than 20 days after the date of this submittal, unless otherwise authorized by the Commission, and shall be sent to:**

CPUC, Energy Division  
Attention: Tariff Unit  
505 Van Ness Avenue  
San Francisco, CA 94102  
Email: [EDTariffUnit@cpuc.ca.gov](mailto:EDTariffUnit@cpuc.ca.gov)

Name:  
Title:  
Utility Name:  
Address:  
City:  
State: Zip:  
Telephone (xxx) xxx-xxxx:  
Facsimile (xxx) xxx-xxxx:  
Email:

Name:  
Title:  
Utility Name:  
Address:  
City:  
State: Zip:  
Telephone (xxx) xxx-xxxx:  
Facsimile (xxx) xxx-xxxx:  
Email:

ATTACHMENT A  
Advice No. 6097

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Revised 60527-G	SAMPLE FORMS: APPLICATIONS, Medical Baseline Allowance Application, Form No. 4859-E (03/20), Sheet 1	Revised 57169-G
Revised 60528-G	SAMPLE FORMS: APPLICATIONS, Medical Baseline Allowance Self-Certification, Form No. 4860 (03/20), Sheet 1	Revised 57170-G
Revised 60529-G	TABLE OF CONTENTS	Revised 59806-G
Revised 60530-G	TABLE OF CONTENTS, Sheet 1	Revised 60526-G

SAMPLE FORMS: APPLICATIONS  
Medical Baseline Allowance Application  
Form No. 4859-E (03/20)

Sheet 1

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 6097  
DECISION NO. 22-11-033

ISSUED BY

**Dan Skopec**  
Sr Vice President Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

SUBMITTED Feb 21, 2023  
EFFECTIVE Mar 23, 2023  
RESOLUTION NO. \_\_\_\_\_

# 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 to help keep the house warm. 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.

**Apply online at [socalgas.com/medical](https://socalgas.com/medical)**

**Send 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 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 888-427-1345.

Hearing impaired customers who are unable to use a conventional telephone can call us toll free at 800-252-0259 (available in English and Spanish only).

## 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.**



# APPLICATION FOR ENROLLMENT AND RENEWAL



## PART 1: TO BE COMPLETED BY CUSTOMER (PLEASE PRINT)

SoCalGas Customer Account Number:			
Customer Name (as it appears on your bill):			
Resident with Medical Condition (if different):			
Service Address:	City:	State:	ZIP:
Customer Mailing Address (if different):	City:	State:	ZIP:
Home or Mobile Phone:	Email Address:		

## 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: (     )

### I UNDERSTAND THAT

- 1 If the medical provider certifies that the resident's medical condition is permanent, SoCalGas will require completion of a form renewing continued resident's eligibility for the Medical Baseline Allowance every four years.
- 2 If the medical provider certifies that the resident's medical condition is not permanent, SoCalGas will require completion of a new application with a medical provider's certification every two years.
- 3 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.
- 4 SoCalGas cannot guarantee uninterrupted natural gas service, and the resident is responsible for making alternate arrangements in the event of a natural gas outage.

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 the Medical Baseline Allowance is no longer needed by the resident.**

Customer Signature:

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).

(Continued)

**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 (please print):

**1. Requires heating:**

Standard Medical Baseline Allowances are available for heating if patient is paraplegic, quadriplegic, hemiplegic, has multiple sclerosis or scleroderma or 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.**

**Additional heating is medically necessary:** (check one)  Yes  No

For (check one)  No. of Years \_\_\_\_\_ or  Permanently

**2. Requires use of a life-support device\*** (check one)  Yes  No

The following life-support device(s) is(are) used in the patient's home:

Device:	<input type="checkbox"/> Electricity	<input type="checkbox"/> Natural gas
Device:	<input type="checkbox"/> Electricity	<input type="checkbox"/> Natural gas
Device:	<input type="checkbox"/> Electricity	<input type="checkbox"/> 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.**

Patient's Last Name:

First Name:

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:

Date:

**MAIL 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

SAMPLE FORMS: APPLICATIONS  
Medical Baseline Allowance Self-Certification  
Form No. 4860 (03/20)

Sheet 1

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 6097  
DECISION NO. 22-11-033

ISSUED BY

**Dan Skopec**  
Sr Vice President Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

SUBMITTED Feb 21, 2023  
EFFECTIVE Mar 23, 2023  
RESOLUTION NO. \_\_\_\_\_

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SoCalGas Customer Account Number:			
Customer Name (as it appears on your bill):			
Resident with Medical Condition (if different):			
Service Address:	City:	State:	ZIP:
Customer Mailing Address (if different):	City:	State:	ZIP:
Home or Mobile Phone:	Email Address:		

## 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: (     )

### I UNDERSTAND THAT

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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 the Medical Baseline Allowance is no longer needed by the resident.**

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**Additional heating is medically necessary:** (check one)  Yes  No

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The following life-support device(s) is(are) used in the patient's home:

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Device:	<input type="checkbox"/> Electricity	<input type="checkbox"/> Natural gas
Device:	<input type="checkbox"/> Electricity	<input type="checkbox"/> 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.**

Patient's Last Name:	First Name:
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:	Date:

**MAIL 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

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SAMPLE FORMS

Applications

Medical Baseline Allowance Application (Form 4859-E, 03/20) .....	60527-G	TT
Medical Baseline Allowance Self-Certification (Form 4860, 03/20) .....	60528-G	
Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing (Form 6632, 06/22) .....	59796-G	
Application for California Alternate Rates for Energy (CARE) Program for Migrant Farmworker Housing Centers (Form 6635).....	40407-G	
Application for California Alternate Rates for Energy (CARE) Program for Qualified Nonprofit Group Living Facilities (Form 6571, 06/22) .....	59797-G	
Application for CARE, General Purpose, Direct Mail (Form 6491-DM, 06/22) .....	59798-G	
Self-Certification CARE Application - Individually Metered Residential (Form 6491, 06/22) .....	59799-G	
Self-Recertification CARE Application - Individually Metered Residential (Form 6674, 06/22) .....	59800-G	
Capitation Program CARE Application (Form 6491-CBO, 06/22) .....	59801-G	
Post-Enrollment Verification CARE Application - Individually Metered Residential (Form 6675, 06/15) .....	51491-G	
Post-Enrollment Verification CARE Application - Sub-Metered Residential (Form 6675S, 06/15) .....	51492-G	
Self-Certification CARE Application - Submetered Residential (Form 6677, 06/22) .....	59802-G	
Self-Recertification CARE Application - Submetered Residential (Form 6678, 06/22) .....	59803-G	
Application for CARE, Bill Insert (Form 6491-BI, 06/22).....	59804-G	
Set and Turn-on Application (Form 1770H, 6-99) .....	32482-G	
Statement of Applicant’s Contract Anticipated Cost for Applicant Installation Project, Form 66602 .....	37772-G	
Mobilehome Park Utility Conversion Program Application (Form 8208) .....	58891-G	

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Miscellaneous Account Receipt (Form 315U) .....	35709-G
Deposit Warning Letters A and B (Form 437.1R, 11/02) .....	36782-G
California Penal Code Tag (Form 81-A) .....	36783-G

Surety or Guarantee for Account

Continuing Guarantee Letter (Form 6447, 1/94) .....	36785-G
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(Continued)

(TO BE INSERTED BY UTILITY)  
 ADVICE LETTER NO. 6097  
 DECISION NO. 22-11-033

ISSUED BY  
**Dan Skopec**  
 Sr Vice President Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)  
 SUBMITTED Feb 21, 2023  
 EFFECTIVE \_\_\_\_\_  
 RESOLUTION NO. \_\_\_\_\_

TABLE OF CONTENTS

The following listed sheets contain all effective Schedules of Rates and Rules affecting service and information relating thereto in effect on the date indicated thereon.

GENERAL

Cal. P.U.C. Sheet No.

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Table of Contents--Service Area Maps and Descriptions .....	53356-G
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(TO BE INSERTED BY UTILITY)  
 ADVICE LETTER NO. 6097  
 DECISION NO. 22-11-033

ISSUED BY  
**Dan Skopec**  
 Sr Vice President Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)  
 SUBMITTED Feb 21, 2023  
 EFFECTIVE \_\_\_\_\_  
 RESOLUTION NO. \_\_\_\_\_