MEDICAL ALERT REQUEST

Completion of this form verifies that a medical emergency does exist in your home, that there is medical equipment dependent on electricity, and continuation of your electric service is vital to the immediate health and well-being of the patient listed below. See ***Reverse for list of approved medical equipment.*** If you have questions, please call (517) 702-6006. In the event of an outage, participation in Medical Alert does not mean your service will be restored faster. We recommend you prepare a personal emergency plan.

CUSTOMER NAME:_____

CUSTOMER ADDRESS:_____

CITY:_____**TELEPHONE NUMBER:**_____

PATIENT NAME AND RELATIONSHIP:_____

Emergency Contact Name:_____ **Phone #** _____

Emergency Contact Address: _____

I understand that being identified as a customer of the BWL with Medical Alert Status requires the BWL to provide extra consideration and notice prior to utility service interruption. **I am still required to keep my account in good standing through payments in full or acceptable arrangements; as a condition of continued service**. Further, I understand that this request must be validated annually. Should service interruption be warranted, the BWL will notify proper authorities to ensure the health and welfare of the patient and will require payment in full prior to restoration of service. (Notification details are listed on the reverse-side of this document)

I authorize the following information to be furnished to, and verified by the Board of Water and Light.

_____

Customer's Signature Date

The following information must be completed by a licensed physician or healthcare provider. This document must be stamped or accompanied by an official memorandum or prescription from the office. If this document is not stamped or accompanied by the proper documentation, it will not be considered valid.

1. Is there a medical emergency at the above address? Yes ___No ____

2. Will discontinuation of electric service be ***immediately*** life threatening to the patient? Yes___No___

3. Describe the nature of the medical emergency and list all medical equipment being used by the patient.

_____

_____

4. How long will this medical emergency be in effect? _____

PHYSICIAN/AUTHORIZED AGENT:_____ _____

Name Signature

ADDRESS AND CITY:_____

PHONE NUMBER:_____**DATE:**_____

***This alert request expires one year after the date it is received and must be renewed annually.*

*FOR INTERNAL USE ONLY: DATE RECEIVED by the BWL: **DATE:* _____

PLEASE RETURN COMPLETED FORM TO:

Lansing Board of Water & Light
P.O. Box 13007
Lansing, MI 48901-3007

MEDICAL ALERT REQUEST

REVERSE SIDE OF THIS DOCUMENT

List of Qualified Medical Equipment

Nebulizer for Asthma, Lungs	Feeding (Pump) Machine	Oxygen Machine
Heart Monitor	Infant Apnea Monitor	Ventilator/Respirator
Home Dialysis treatment		

*CPAP & BPAP machines for adult sleep apnea do not normally qualify.

NOTE: Water is not a protected service under the Medical Alert Program.

Shut Off for Non-Payment Notification

The BWL shall postpone a shutoff of electric service for not more than 21 days as long as the customer, immediate family member, or household resident** is a critical care customer enrolled in the Medical Alert Program. Enrollment requires the completion of the Medical Alert Request for Non-interruption of Electric Service for Medical Emergency Form. Once enrolled, and renewed annually, the BWL shall extend the postponement for further periods of not more than 21 days, not to exceed a total postponement of shutoff of service of 63 days, only if the customer provides additional certification that the customer or a member of the customers household is a critical care customer and or has a certified medical emergency. If the shut off of service has occurred without any postponement being obtained, the BWL shall restore service for not more than 21 days, and shall continue the restoration for further periods of not more than 21 days, not to exceed a total restoration of service of 63 days in any 12-month period per household.

BWL Collection / Shut off cycle for Customers enrolled in the Medical Alert Program:

Electric bill payment is due to the BWL 15 days after the issue date on the bill. A first reminder notice will go out 3 days following the due date. If a payment is not received 14 days from the due date, a Shut off Eligibility Notice may be sent to the customer. If a payment is not received after 28 days from the due date, a Final Notice may be sent to the customer. If a payment is not received 33 days from the due date, the customer will be eligible for Service Interruption. Medical Alert Customers will be sent a certified letter granting the additional 21 days' notice of Service interruption postponement to make a payment, enter into an acceptable payment arrangement, or provide further documentation, to requests an additional 21 days postponement. Failure to accomplish one of these options will result in service interruption at the expiration of the 21 additional days noted on the Certified Letter.

**If your physician certifies that discontinuation of your CPAP/BPAP device is "immediately" life threatening, the BWL will make an exception and will qualify the device.*

***Defined as any person who the customer can document is a legal dependent of the customer and/or can provide documentation that they legally reside at the customer's address*