

MEDICALLY ESSENTIAL ELECTRIC SERVICE

In order for the Utilities Commission, City of New Smyrna Beach (“UCNSB”), to determine whether a customer is eligible for designation as a Medically Essential Electric Service (“MEES”) Customer, Part A must be completed and signed by the Customer and the Patient or Guardian (if other than the Customer). Part B is to be completed by the Patient’s physician and the entire form consisting of both Part A and Part B returned directly to UCNSB at the following address: UCNSB, Attention: Teralee West, Electric Department, P.O. Box 100 New Smyrna Beach, FL 32170.

Part A: CUSTOMER APPLICATION

Customer Name: _____

UCNSB Account No.: _____

Service Address: _____

Daytime Phone No.: _____ Alt. Phone No.: _____

Name of Patient Using Equipment: _____

Patient’s Physician: _____

To the best of my knowledge and belief, the Patient identified above is medically dependent on electric-powered equipment that must be operated continuously or as circumstances require as specified by the Patient’s physician to avoid the loss of life or immediate hospitalization. The Patient is a permanent resident at the Service Address identified above. I agree to notify UCNSB when this equipment is no longer in use. UCNSB has fully explained how my account will be handled regarding any collection action due to non-payment of the bill. **I understand that UCNSB does not guarantee uninterrupted service or assign a priority status to my account for service restoration during outages. I understand that I must be prepared with backup medical equipment and/or power and a planned course of action in the event of prolonged outages.** I understand recertification of this status is required every 12 months. I agree that UCNSB, upon request of federal, state or local government authorities whose duties or functions include emergency response or disaster relief or prevention, or private entities authorized by congressional charger to assist in disaster relief efforts, may disclose to such requesting entity the following MEES information: The MEES Customer name and service address.

Customer Signature

Date: _____

Patient’s or Guardian’s Signature (if other than the Customer)

Date: _____

<p>WARNING – PART A – CUSTOMER APPLICATION: Knowingly making a false or misleading statement in completing the Customer Application could result in the denial or termination of the medically essential service application.</p>
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Part B: PHYSICIAN'S CERTIFICATE

Physician's Name: _____

Physician's License No.: _____

Physician's Address: _____

Physician's Phone No.: _____

I, _____, duly licensed and authorized to practice medicine in the State of Florida, hereby certifies that

(Name of Patient)

who resides at _____
(Patient's home address)

is under my care, has been seen by and/or has consulted with me within the past 12 months, and depends upon electric-powered equipment that must be operated continuously or as circumstances require as specified below in order to avoid the loss of his/her life or serious medical complications requiring his/her immediate hospitalization. The medically essential equipment upon which this patient relies is described as follows: _____

The patient uses this equipment ____ hours within each twenty-four (24) hour period. The following medical condition is why, in my opinion, this patient needs the continuous or specified use of this equipment in order to avoid the loss of his/her life or serious medical complications requiring his/her immediate hospitalization: (attach additional pages if necessary) _____

I understand UCNSB reserves the right to verify the accuracy if the information provided on the Physician's Certificate. This certificate shall be valid for twelve (12) months from the date the certificate is accepted by UCNSB for purposes of determining that a customer qualifies as a Medically Essential Electric Service (MEES) customer.

Physician's Signature

Date

WARNING – PART B – PHYSICIAN'S CERTIFICATE: False certification of medically essential service by a physician is a violation of s. 458.331(1)(h) or s. 459.015(1)(i), Fla. Stat. and constitutes grounds for discipline, penalties and/or enforcement.