



## Medical Emergency and Critical Care Customer Identification Form

### **PART 1: TO BE FILLED OUT BY CUSTOMER**

Customer Name: \_\_\_\_\_ Account # \_\_\_\_\_

Electric Service Address: \_\_\_\_\_

Phone Number: Day \_\_\_\_\_ Night \_\_\_\_\_

### **PART 2: TO BE FILLED OUT BY PHYSICIAN**

Patient Name \_\_\_\_\_

Patient is (Please Check One):

Critical Care Customer (*Customer who requires, or has a household member who requires, home medical equipment or a life-support system, and an interruption of service would be immediately life-threatening.*)

\*Medical equipment being used: \_\_\_\_\_

\*Length of time patient can be without utility service to medical equipment (including amount of time any back-up devices would be in use): \_\_\_\_\_

Medical Emergency Customer (*Customer or household member with an existing medical condition that will be aggravated by the lack of utility services.*)

\*Existing Medical condition: \_\_\_\_\_

\*How long after a loss of utility services at patient's residence will patient begin experiencing aggravation due to medical condition? Please be as specific as possible. \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Signature \_\_\_\_\_

Expiration Date: (Maximum One Year)\* \_\_\_\_\_

### **PART 3: TO BE SIGNED BY CUSTOMER**

I understand that I am applying for Critical Care or Medical Emergency Customer status with the Grand Haven Board of Light and Power for myself or a member of my household. The Grand Haven BLP will postpone shutoff of service for not more than 21 days in the event that my account is delinquent. In order to qualify for Critical Care or Medical Emergency postponement all required fields **must** be completed above and medical certification on the Physician's letter head must accompany this form. I also understand that I must submit a new medical certification to request additional 21 day periods of service shut-off postponement up to a total of 63 days per household member and 126 days per household per 12 month period.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\*Required Fields

\*\*New application required **prior** to expiration date

\*\*\*Disclaimer. The Grand Haven Board of Light and Power cannot guarantee that the customer will never lose power.