



# Medical Alert Program

**A person with special medical needs may depend on electricity for his or her well-being.**

Owensboro Municipal Utilities has a program that addresses this matter.

## Who is eligible for the program

The Medical Alert Program is for residential customers whose electric service is medically essential, as certified by a physician to practice in the state of Kentucky. Electric service may be essential, if the customer is dependent on electric-powered equipment that must be operated continuously or as circumstances require as specified by a physician to avoid:

- the loss of life or
- serious medical complications requiring immediate hospitalization.

## What the program offers

When appropriate, the program offers qualifying customers:

- a listing of social service agencies that provide financial assistance
- a limited extension of time to pay their bills and
- special notification prior to disconnection of service for non-payment, so customers can secure funds or make alternative living arrangements.

## What the program does not guarantee

The program does not guarantee uninterrupted service or exempt customers from payment of their electric bills. The medical alert customer is responsible for backup equipment and/or power supply and a planned course of action in the event of power outages.

## Application and annual recertification

Customers who are eligible to participate in the program should have their physician fill out the attached Physician's Statement Form.

Once in the program, Owensboro Municipal Utilities requests an annual recertification from the customer's physician.



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## PHYSICIAN STATEMENT

**This form must be completed by the physician who requires you, or someone in your household, to use some type of life support equipment.** If the physician determines that an interruption of electrical service will be life threatening, we will designate your residence as a medical alert household.

Your physician may fax the form to us at 270-684-7952. Or, you may mail or drop off the form: OMU Customer Service, 2070 Tamarack Rd., Owensboro, KY 42301.

### OMU Customer Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### Patient Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Please briefly describe the patient's medical condition: \_\_\_\_\_

\_\_\_\_\_

Type of equipment used: \_\_\_\_\_

Frequency of use (Examples – Continuous, Daily for 8 hours, 5 times a day for 1 hour each time): \_\_\_\_\_

\_\_\_\_\_

Would this person be in an immediate life-threatening situation if their residence were without electricity?  YES  NO

If on a machine or oxygen, does it require electricity to operate?  YES  NO

Is there a battery back up for the system?  YES  NO

Is medical equipment portable?  YES  NO

### Physician Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_