Life Support and Critical Need Customers

Prairie Land Electric encourages consumers to keep us informed of your Life Support and Critical Needs. We ask you to return this completed form to help us determine if you qualify as a Life Support and Critical Needs Customer. If you have any questions you can contact us by phone at 800-577-3323.

Being a Life Support/Critical Needs Customer does not guarantee uninterrupted electrical service, does not give priority restoration in an outage, and does not prevent collection activity for unpaid electric bills. If electric service is critical for life support, it is your responsibility to arrange for private back-up power systems where appropriate, and develop alternative care plans to ensure safety and security during power interruptions. Contact your physician for other alternatives. The Life Support / Critical Needs program is intended only for customers who are on a life-support system and unable to readily leave the home.

For your protection the law requires you to be advised: It is a criminal act to make false or fraudulent claim, or assist in the preparation or presentation of a false or fraudulent claim. Violators of this provision may be subject to criminal prosecution.

APPLICATION FOR CLASSIFICATION AS A LIFE SUPPORT/CRITICAL NEEDS CUSTOMER
TO BE COMPLETED BY CUSTOMER-PLEASE PRINT

_____ _____ _____
Account Number *Customer Name on Electric Account* *Street Address*

_____ _____ _____ _____
City, State and Zipcode *Home Phone* *Cell Phone* *Work Phone*

_____ _____ _____ _____
Name of Secondary Contact *Home Phone* *Cell Phone* *Work Phone*

_____ _____
Patient's Name *Birthdate*

_____ _____
Name of Physician *Work Phone*

Is electrically-powered medical equipment required to sustain life? YES _____ NO _____

If **YES**, What type of equipment? _____

Is the patient homebound? YES _____ NO _____

Nature of Ailment: _____

Is the medical equipment capable of being operated by battery-supplied electricity? YES _____ NO _____

How often is the medical equipment used? _____

Authorization: I hereby authorize release of any medical information, including direct consultation with any physician that is pertinent to my qualifying as a Life Support/Critical Needs Customer with Prairie Land Electric Cooperative Inc.
By signing below, I acknowledge the accuracy and truth of the information provided.

_____ _____ _____
Name of Patient or Legal Guardian (Print) *Signature of Patient or Legal Guardian* *Date*