



(903)-457-2800 * Fax (903)457-2894 * customerservice@geus.org

Critical Care Application

A life support dependent consumer is defined as:

1. A person who because of medical condition requires continuous use of electric powered medical equipment to sustain life.
2. A person who is immobile and because of a medical condition, requires frequent use of electric powered medical equipment to sustain life.

This program does not guarantee uninterrupted electric or other utility services but will be used to provide the latest information during unplanned power outages.

GEUS maintains records of consumers that are dependent upon electric life support equipment in order to facilitate the maintenance and restoration of electric service to these consumers as quickly as the situation permits.

5.15 Critical Care Customers

A residential customer who has a person permanently residing in his or her home who has been diagnosed by a physician as being dependent upon an electric-powered medical device to sustain life shall be deemed a Critical Care Customer once the registration form has been signed by the physician & returned to GEUS. This designation or re-designation is effective for two years.

Each time a Critical Care Residential Customer seeks to avoid disconnection, the customer shall accomplish all of the following by the stated date of disconnection:

- (A) Have the person's attending physician ("physician" shall mean any public health official, including medical doctors, doctors of osteopathy, nurse practitioners, registered nurses, and any other similar medical professional) contact GEUS to confirm that the customer is a Critical Care Residential Customer;
- (B) Have the person's attending physician submit a written statement to GEUS confirming that the customer is a Critical Care Residential Customer; and
- (C) Enter into a deferred payment plan requiring 50% payment & the remaining balance billed over not more than the next five months.

If the Critical Care Residential Customer does not accomplish the above requirements to avoid disconnection:

- (A) GEUS shall provide written notice to the Critical Care Residential Customer of its intention to disconnect service not later than 21 days prior to the date that service would be disconnected. Such notice shall be a separate mailing or hand delivered notice with a stated date of disconnection with the words "disconnection notice" or similar language prominently displayed; and
- (B) Prior to disconnecting a Critical Care Residential Customer, GEUS shall contact the customer. If GEUS does not reach the customer by phone, GEUS shall visit the premises, and, if there is no response, shall leave a door hanger containing the pending disconnection information and information on how to contact GEUS.

This form contains the necessary information and must be filled out completely by the consumer and the physician and the original document returned to GEUS. Copies, faxed documents or any other type of reproductions are not acceptable.



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Consumer Information:

Account Name: _____ Date: _____

Address: _____

Phone Number: _____

Name of Life Support Dependent: _____

Relationship to Account Holder: _____

I understand that GEUS cannot and does not guarantee uninterrupted electric service to any dwelling and that some interruptions of electric service are inevitable. I further understand that it is my responsibility to keep in my possession or have readily available a backup source of power in case of an electric outage, and that I am not relying solely on GEUS for alternate or emergency electric power if an electric outage should occur. I understand and acknowledge that being a life support consumer in no way entitles me to special rights or preferential service. If accepted, this qualification is good for two years from the date submitted. The information on this form may be subject to verification and additional information may be required from you or your physician.

I am the patient (Yes No), the legal guardian (Yes No) for the patient and by signing below, I authorize the release of all medical information as may be required to verify the critical need for electric service.

Printed Name: _____ Date: _____

Signature: _____

Physician's Statement:

Physician Name: _____ Phone: _____

Office Address: _____

Patient's Name: _____ Date of Birth ____/____/____

Medical Diagnosis: _____

List of life support equipment: _____

Which definition listed above applies to the dependent? #1_____ #2_____

I certify that the above information is true and correct and that the named patient above qualifies for a life support dependent status based on one of the definitions contained in this document.

Physician's Signature: _____ Date: _____