Hopkinsville Electric System

Medical Necessity Program

PURPOSE

The Hopkinsville Electric System (HES) Medical Necessity Program identifies customers who use certain electrically operated life-supporting medical equipment in their home. The Program helps customers – for whom a service interruption could be immediately life threatening or would make operation of necessary medical or life-supporting equipment impossible or impractical – **prepare for planned and unplanned power outages.**

INTENTS AND LIMITATIONS

HES makes every effort to prevent outages, but sometimes storms, equipment failure, and other events cause them to occur. Therefore, we want to help you to be prepared in case temporary power outages do occur. Some things that you can do to prepare for power outages include:

- Keeping phone numbers of emergency response agencies (e.g., 911, hospital, fire department, police) in a convenient location, in the event emergency assistance is needed;
- Ensuring that you have a back-up telephone if you use a cordless or other telephone that is dependent on electricity;
- Having a battery-powered radio on hand and a supply of fresh batteries to stay aware of news and other information;
- Keeping a flashlight and extra batteries handy;
- Having an alternate plan in place to ensure the continuity of any life-support needs. This may include making special arrangements to spend time with a friend or relative during an outage or using a back-up power supply recommended by the manufacturer of the life-supporting equipment.

THIS PROGRAM IS PROVIDED ONLY AS A SERVICE TO CUSTOMERS WITH ELECTRICAL LIFE-SUPPORTING SYSTEMS TO HELP PLAN FOR POWER FAILURES OR INTERRUPTIONS. HES IN NO WAY GUARANTEES THAT THESE SERVICES BY HES WILL BE CARRIED OUT. ALSO, HES DOES NOT GUARANTEE UNINTERRUPTED POWER SERVICE. NOR WILL A CUSTOMER RECEIVE PRIORITY CONSIDERATION FOR POWER SUPPLY RESTORATION FOLLOWING AN OUTAGE OR LOSS OF ELECTRIC SERVICE.

APPLICATION

Customers may request an application by coming to the Hopkinsville Electric System at 1820 East Ninth Street or by calling main office at 270-887-4200 or 270-887-0767. This service is not available at the drive-up window.

DOCUMENTATION

It is the obligation of the customer to provide HES with a signed and dated Medical Necessity form. If this form is not received, HES will assume that a Medical Necessity condition does not exist.

When a Medical Necessity form is completed, including all required information and signatures, AND a Customer Consultation has occurred, then a customer is added to the Medical Necessity List for that calendar year. The Medical Necessity Form must be renewed annually by January 1 of each year. However, if at any time during the calendar year the customer's Medical Necessity Form information should change, it is essential to inform HES by calling 270-887-0767.

REMOVAL

A customer will be removed from the list by:

1. requesting in writing that such action be taken, or;

2. the Medical Necessity form becomes expired, or;

3. Terminating electric service account at the address associated with a current Medical Necessity form. Customers that move to another electric service account number (i.e. another address) will have to resubmit a new Medical Necessity form for the new address.

ELECTRIC SERVICE DISCONNECTS

Monthly Billed Customers:
A monthly billed customer that is in the Medical Necessity Program is still responsible for paying their electric bill. In the event that a Medical Necessity Program customer is unable to pay their electric bill by the disconnect date, the customer may request an extension for 30 days from the original scheduled disconnect date to allow the customer time to make payment or make alternative shelter arrangements. **The extension is not automatic, but must be requested by the customer before they are disconnected.** If full payment of the past due amount, including all late fees, is not received by the end of the 30 day extension period, the electric service will be disconnected without further notice. Hopkinsville Electric System will only grant this extension for disconnection one time per calendar year for a Monthly Billed Customer in the Medical Necessity Program.

Pay-As-You-Go Customers:
A customer in the Pay As You Go Program that is in the Medical Necessity Program is still responsible for maintaining a positive account balance. In the event that a Pay As You Go customer in the Medical Necessity Program runs out of money on their account, they may call in to request an extension. **The extension is not automatic, but must be requested by the customer before they are disconnected.** The disconnection of electric service is postponed for one 7 day period from the day the customer requests the extension to allow the customer time to add money to their Pay As You Go account, or make alternative shelter arrangements. By the end of the 7 day extension period, the customer's negative balance plus $25 must be loaded onto the account, or the electric service will be disconnected without further notice. Hopkinsville Electric System will only grant this extension for disconnection one time per calendar year for a Pay As You Go Program customer.

COST

There is no cost to the patient or the customer for the Medical Necessity Program.

Hopkinsville Electric System

Medical Necessity Program

When you have completed the form and obtained the physician's signature, call (270) 887-0767 to arrange a time to return the form and meet with an HES representative to discuss the program.

MEDICAL NECESSITY PROGRAM INFORMATION

Acceptance into the Medical Necessity Program provides the following:

1.) Assistance in preparing a contingency plan to 1) provide customer's own power supply for their medical equipment, and/or 2) relocate to another location with power in the event of a major, long-term power outage.

2.) For monthly billed customers, one 30 day extension, and for Pay-As-You-Go customers, one 7 day extension (from the scheduled disconnect date), per calendar year, in the event the electric bill has not been paid by the disconnect date.

CUSTOMER AND PATIENT INFORMATION

HES Account Number _____ Application Date _____

Customer Name on HES Account _____

Service Address _____

Patient Name (must live permanently at service address) _____

Patient Date of Birth _____/_____/_____ Relationship of Patient to Customer _____

Phone Numbers: Primary _____ Secondary _____

Patient Authorization: I hereby authorize release of any medical information, including direct consultation with any physician, that is pertinent to my qualifying for the HES Medical Necessity Program.

Patient Name (print) _____ Date _____

Patient Signature _____

PHYSICIAN'S STATEMENT

I certify that my records indicate the Patient named above, who is currently under my care, uses electrically powered medical equipment to maintain their health.

Type(s) of medical equipment requiring electricity _____

Signed _____ Date _____

Print name _____ Phone Number _____

CUSTOMER ACCEPTANCE OF MEDICAL NECESSITY PROGRAM TERMS

After reading each statement, initial each blank

_____ I understand that if accepted into this program, I am still obligated to pay my electric bills.

_____ I understand that: 1.) as a monthly billed customer, I may request one 30 day extension, or 2.) as a Pay-As-You-Go customer, I may request one 7 day extension (from the scheduled disconnect date) per calendar year.

_____ I understand that participation in this program does not guarantee uninterrupted power, nor priority of restoration following an outage.

_____ I understand that during a major power outage, **my power may not be restored for days.**

_____ I understand and agree to notify HES in writing if I no longer use or need electricity for a medical necessity device.

You MUST initial one of the following, although HES recommends you have both options in place

_____ I have a backup power supply for the medical equipment.

List type of backup power supply: _____

How long will your backup power provide electricity: _____

_____ I have created a plan to move the Patient to another location with power in the event of a large scale power outage. HES recommends having one location in another part of Hopkinsville and one location outside of Hopkinsville in the event of a large, localized outage.

For your protection, the law requires to you 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.

I have read the HES Medical Necessity Policy and agree to its terms. I certify that all of the information I have provided is accurate and truthful.

HES Customer Signature _____ Date _____

Print Name _____

Do not write below this line

Acceptance into Medical Necessity Program

Authorized Signature _____ Date _____

The term for this agreement expires _____ and will need to be renewed on or before that date.