

## APPENDIX A. TO VERIFIERS OF UTILITY CONSUMERS HAVING LIFE-THREATENING CONDITIONS [NEW]

Thirty (30) Day Medical Verification Certificate To Suspend Disconnection For Life Threatening Health Conditions

### A. INSTRUCTIONS

The Oklahoma Corporation Commission requires electric utilities under its jurisdiction to suspend disconnection of service, or reconnect if disconnected, when a utility consumer or a permanent member of the household has a medical condition wherein discontinuance of the electric service would be life-threatening. A life-threatening condition is defined as one where the consumer or other permanent resident of the household is dependent upon electric-operated equipment that is prescribed by a physician and is needed to sustain the person's life.

Examples of life-sustaining equipment include: kidney dialysis machine, iron lung, oxygen concentrator and certain other oxygen machines, cardiac monitor, heating and air-conditioning equipment, or any other equipment that is prescribed by a licensed medical doctor. If battery backup is normally available for the life-sustaining equipment, then the medical condition is not considered life-threatening. The following equipment is not considered to be life-sustaining equipment: hot water heater, refrigerator, range/stove, nebulizer that is battery-driven or hand-driven or self-contained, battery-driven sleep apnea monitor, battery-driven cardiac monitor.

**The utility consumer may initially certify the condition by completing "Form For Utility Consumer Verification" which will suspend disconnection of electric service to the specified residence for a period of thirty (30) days from the initial notification. After the initial thirty (30) days, normal collection action will resume.**

An additional thirty (30) day period shall be extended by the utility at the request of the utility consumer accompanied with verification by a medical or osteopath doctor (use "Form For Medical Or Osteopathic Doctor Verification"). The request for the additional thirty (30) day extension must be made by the consumer to the utility company before the end of the initial thirty (30) day period. The utility is not required to furnish service to the consumer beyond a total of sixty (60) days for a life-threatening condition without full payment of the account or acceptable payment arrangements on any unpaid balance unless otherwise directed by the Commission. Failure of the consumer to fully comply may result in denial of life-threatening status and renewed collection activity by the utility, including termination of service to the residence.

We appreciate your willingness to participate as a verifier and trust you will do so advisedly, considering the fact that energy consumed during this suspension period must eventually be paid for by the utility consumer. Our intent is to ensure that those utility consumers having genuine life-threatening situations in their homes are not mistaken for those who would abuse this privilege at the expense of others.

**B. FORM FOR UTILITY CONSUMER VERIFICATION**

(to be completed by the utility consumer for the initial thirty (30) day period)

Name of Consumer:

\_\_\_\_\_

Electric Account

No.:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

State:

Zip:

\_\_\_\_\_

Home Phone:

\_\_\_\_\_

Place of Employment:

\_\_\_\_\_

Name of Impaired Individual if other than consumer:

\_\_\_\_\_

Relationship to Consumer if other than consumer:

\_\_\_\_\_

By signing this Medical Certificate, I acknowledge that a permanent resident of the household is applying for the medical verification certificate to suspend disconnection of electric service for a period of 30 days from the date the request was made with the utility company due to a life-threatening conditions and, as the consumer, I am responsible for the payment of bills rendered for electric service during this suspension of disconnection. I acknowledge that I may be considered for an additional 30 days (total of 60 concurrent days) if my doctor submits the completed form to the utility company within 30 days of the forms request from the utility and I call the utility within the same period of time to confirm receipt of the form and if the claim is accepted by the company.

Consumer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**C. FORM FOR MEDICAL OR OSTEOPATHIC DOCTOR VERIFICATION**

(to be completed by a medical or osteopathic doctor and returned by the medical or osteopathic doctor to the utility company via the method indicated on the form for the applicant to be considered for an additional thirty (30) days to pay the past due balance.)

Name of Patient: \_\_\_\_\_

Nature of Medical Problem: \_\_\_\_\_

Is this condition considered life-threatening without electric service? Yes? No?

What is the estimated duration of the life-threatening condition?: \_\_\_\_\_

Specify the effect that discontinuance of electric service might have upon the health of the impaired individual: \_\_\_\_\_

\_\_\_\_\_

Specify any electric-operated equipment necessitated by the medical problem: \_\_\_\_\_

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_