



### CRITICAL CARE OR MEDICAL EMERGENCY IDENTIFICATION FORM

Completion of this form verifies that a medical need exists in your home, that there is medical equipment dependent on electricity, and continuation of your electric service is vital to the immediate health and well-being of the household member below. In the event of an electric outage, participation in Critical Care or Medical Emergency does not mean your service will be restored faster. It is recommended you prepare a contingency plan. If you have questions, please call (989) 894-8104. Submit completed form to: Utility Customer Service, 301 Washington Avenue, Bay City, MI 48708.

CUSTOMER NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

CUSTOMER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

PATIENT NAME AND RELATIONSHIP: \_\_\_\_\_

City of Bay City customers who depend on electric powered life-support equipment prescribed by a doctor may qualify for Critical Care or Medical Emergency Status. Subject to restrictions, this is available to any residential customer who, in addition to normal household requirements, desires electric service for life support systems. For a customer to qualify for the Critical Care or Medical Emergency status, a signed certificate must be provided by a licensed physician stating that a member of the household is dependent on electric energy for the continuous operation of a life support system. (See reverse for a listing of qualified medical equipment.)

I understand that being identified as a customer with Critical Care or Medical Emergency provides extra consideration and notice prior to utility service interruption\*. I understand I am required to keep my account in good standing through payments in full or acceptable arrangements; as a condition of continued service. Further, I understand that this request must be validated **annually**. I authorize the following information to be furnished to and verified by the City of Bay City.

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The following information must be completed by a licensed physician or healthcare provider to be considered valid.**  
(See reverse for list of qualifying medical equipment.)

- 1. Is there a qualifying medical emergency at the above address? Yes    No
- 2. Will discontinuation of electric service be immediately life threatening to the patient? Yes    No
- 3. If both question 1 and 2 are yes, describe the nature of the medical emergency and list qualifying medical equipment being used by the patient: (If either are no, stop here, the patient does not qualify.)

\_\_\_\_\_  
\_\_\_\_\_

**I certify that the continuous operation of this equipment is medically necessary to support the life of this patient.**  
(This document must be stamped or accompanied by an official memorandum or prescription from the office or will not be considered valid.)

PHYSICIAN NAME: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

*This alert request expires one year after the date it is received and must be renewed annually.*

INTERNAL USE-RECEIVED BY: \_\_\_\_\_ DATE RCV'D: \_\_\_\_\_ DATE ADDED: \_\_\_\_\_

**CRITICAL CARE OR MEDICAL EMERGENCY IDENTIFICATION FORM  
REVERSE SIDE OF THIS DOCUMENT**

List of Qualified Medical Equipment:

Feeding (Pump) Machine  
Home Dialysis treatment

Heart Monitor  
Infant Apnea Monitor

Oxygen Machine  
Ventilator/Respirator

\*\*CPAP & BPAP machines for adult sleep apnea and nebulizers do not qualify unless the physician certifies that discontinuation of your CPAP/BPAP device or nebulizer is “immediately” life threatening, the City of Bay City will make an exception and will qualify the device.

**\*UTILITY SHUTOFF POLICY**

**SHUTOFF OF CRITICAL CARE CUSTOMERS OR MEDICAL EMERGENCY**

From Section:

24. Shutoff shall be postponed for not more than 21 days if the customer or a member of the customer’s household is a critical care customer or has a certified medical emergency. The customer’s certification shall identify any qualifying medical or life-supporting equipment being used, and the specific time period during which the shutoff of service will aggravate the medical emergency. Shut off may be extended for further periods of not more than 21 days, not to exceed a total postponement of shutoff of service of 63 days, only if the customer provides additional certification that the customer or a member of the customer’s household remains a critical care customer or has a certified medical emergency. If shutoff of service has occurred without any postponement being obtained, the service shall be restored for not more than 21 days, and shall continue for further periods of not more than 21 days, not to exceed a total of 63 days in any 12-month period per household member. Annually, shutoff extensions totaling more than 126 days per household will not be given.

25. As used in these Rules:

“Critical care customer” means a customer who requires, or has a household member who requires, home medical equipment or a life support system, and who has provided appropriate documentation from a physician or medical facility to the Utility identifying the medical equipment or life-support system and certifying that an interruption of service would be immediately life threatening.

“Medical emergency” means the existence of a medical condition of the customer or a member of the customer’s household, certified by a physician or public health official on official stationery, which will be aggravated by the lack of utility service.