

MEDICAL NECESSITY PROGRAM

If you or a member of your household relies on life-sustaining equipment such as heart monitors, oxygen concentrators or a CPAP, please complete this packet, download the forms from our website at fpuc.com/medicalalert, or call us at **800.427.7712**. We can help walk you through the process.

Return the completed forms to:

From Doctor's Office only:

Fax: 855.212.5011

Email: fpuleads@fpuc.com

(PDF File ONLY)

OR MAIL Completed Package to:

Florida Public Utilities

c/o Customer Care - **CONFIDENTIAL**

780 Amelia Island

Fernandina Beach FL 32034

To qualify for our Health Alert program there are two forms we need to have completed and on file. The first form is a completed Request for Medical Necessity Certification form. This form is completed by the Utility Account Holder. The second form is a Certificate of Medical Necessity and must be completed by your health care practitioner (HCP) certifying service is "medically essential to sustain the life of or avoid serious medical complications requiring immediate hospitalization of the customer or another permanent resident at the service location", including any medical equipment in use in the home. The certificate shall explain briefly and clearly, in medical and non-medical terms, why continuance of electrical service is medically essential. Both the Request for Medical Necessity Certification and the Certificate of Medical Necessity are included in this packet. (Per s. 366.11, F.S., s. 366.15, F.S., s. 456.45, F.S. and Tariff Section 13(c))

Please remember if someone in your home is dependent on continuously operating electric-powered medical equipment, make arrangements for backup power or to relocate during extended outages. Depending on the severity of damage due to an accident or storm it may take our crews several hours, days or even weeks to restore service to all customers depending on the circumstances. We appreciate your patience and understanding during these times. We will work as quickly and safely as possible to restore your power. During major storm outages, you will receive updates on our efforts to restore service from the local media, please monitor these outlets to help you make the best decisions for you and your family. It is important to keep your contact information current. During localized outages, we will call the numbers on your account to confirm your power has been restored.

Your letter must be returned within thirty (30) days of the date of this letter to enable us to continue your account on Health Alert status. Please mail your letter to 780 Amelia Island Parkway, Fernandina, FL 32034 or your Doctor may fax it to us at **855.212.5011**.

If you have any questions, concerns or to report an outage during normal business operations, please call us at **800.427.7712**. During a hurricane our office is evacuated and will not be manned until AFTER the storm, please call us as soon as possible to report downed lines or outages.

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REQUEST FOR MEDICAL NECESSITY CERTIFICATION

Florida Public Utilities (FPU) Customer's Statement

The person named in the attached Certificate of Medical Necessity, who uses electric-powered life support equipment, is a permanent resident at the service address shown below. (Per s. 366.11, F.S., s. 366.15, F.S., s. 456.45, F.S. and Tariff Section 13(c))

I understand I shall remain solely responsible for any backup equipment and/or power supply and a planned course of action in the event of a power outage or interruption of service. I understand this certification does not relieve me of the obligation to pay for electric service. I understand I am responsible for making satisfactory arrangements with FPU to ensure payment for electric services. I understand electric service may be terminated for failure to make agreed upon payments. (Per s. 366.11, F.S., s. 366.15, F.S., s. 456.45, F.S. and Tariff Section 13(c))

I understand this certification is valid only for the length of time the life or health endangerment is certified to exist. The Certificate of Medical Necessity may not extend beyond 60 months. The certificate must be recertified at the expiration of the certificate or 12 months after certification, whichever is later. FPU may validate the certification no more frequently than every 12 months. (Per s. 366.11, F.S., s. 366.15, F.S., s. 456.45, F.S. and Tariff Section 13(c))

Customer Name _____ Account Number _____

Service Address _____

Customer's Signature _____ Date _____

Statement of Person Using Life Support Equipment

I authorize the release of my medical information on the attached Certificate to Florida Public Utilities to be used **solely** to establish the account as medically essential.

Health Care Practitioner _____ Phone Number _____

Name of Medically Dependent Resident (*Print*) _____

Signature _____ Date _____

Account Holders Relation to Person Using Life Support Equipment (**Check One**)

Self Spouse Parent / Legal Guardian Agent with Power of Attorney (*Attached*)

Other (*Please Specify*) _____

Please list at least one phone number, an email address, an authorized agent we may speak with, (if desired), and check the box next to your preferred method of contact:

Home Phone _____ Work Phone _____

Cell Phone _____ Additional Phone _____

Email _____

Your email address will only be used for important communications including but not limited to notifications concerning your medically necessary service, other customer service messages and outage information.

Authorized Agent (*Emergency Contact*) Name _____ Date _____

Phone Number _____

From Doctor's Office only:

OR

MAIL Completed Package to:

Fax: 855.212.5011

Florida Public Utilities, c/o Customer Care - **CONFIDENTIAL**

Email: fpucleads@fpuc.com (*PDF File ONLY*)

780 Amelia Island, Fernandina Beach FL 32034

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Completed by: Health Care Practitioner (HCP)

CERTIFICATE OF MEDICAL NECESSITY

HCP Please complete the following:

1. Patient's Name _____

2. Patient's Physical Address _____

3. Patient uses the following life support equipment requiring an electrical connection:

(Check ALL that apply)

- VENTILATOR (Continuous Mechanical)
- OXYGEN Concentrator (Does not include liquid or cylinder oxygen use)
- DIALYSIS (In-home Peritoneal Dialysis only)
- CPAP or BIPAP device
- NEBULIZER
- SUCTIONING Device
- DISPENSER (Feeding Pump or Medication Dispenser)
- BED-MATTRESS (Electric hospital bed or alternating pressure mattress)
- CHAIR (Electric lift chair or electric wheelchair, rechargeable)
- OTHER Life Support Equipment (Please specify type) _____
- HEATING/COOLING (Patient's health will be significantly endangered if power is disconnected)

4. Statement (in Medical and Non-Medical terms) of Medical Necessity (Check for attached documentation)

5. Patient's medical necessity is expected to expire on _____ (Not more than 5 years from today)

Per section 456.45 of Florida Statute, the term "Health Care Practitioner" means a physician or physician assistant licensed under chapter 458 or chapter 459 or an advanced registered nurse practitioner licensed under chapter 464.

Falsification of the certification is a violation of s. 458.331 (1) (h), or 459.015 (1) (i), or s. 464.018 (1) (f). (Per s. 366.11, F.S., s. 366.15, F.S., s. 456.45, F.S. and Tariff Section 13(c))

Signature of Health Care Practitioner _____

Physician's I.D. Number _____ Date _____

Name (Please Print) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

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