

Providing Special Notification For Customers With Medical Needs

At Edgerton Utilities, we know that uninterrupted electric service is important to all of our customers. But for those whose medical conditions require the use of life-sustaining equipment, we've taken reliability a step further by establishing the Medical Certification Program.

What Does The Medical Certification Program Provide?

The Medical Certification Program is designed to provide Edgerton Utilities customers with reasonable prior notice of power interruption due to scheduled service maintenance – which, in turn, will allow time to secure an alternate power source for their medical equipment.

What Services Are NOT Offered By The Medical Certification Program?

In the event of emergency power interruptions due to natural causes or unforeseen system problems, the Medical Certification Program cannot provide prior notification. It is the customer's responsibility to have an alternate power source available for their medical equipment, as well as an action plan for proceeding to the nearest medical facility if necessary.

In addition, the Medical Certification Program does not exempt customers from service disconnection if they do not keep their account current, do not keep payment arrangements or if they fail to provide information to re-validate their medical certification participation. This applies to all customers, whether you are a homeowner or renter.

How Do Customers Qualify For The Medical Certification Program?

If you are an Edgerton Utilities residential customer whose life-sustaining equipment is dependent on electrical service, you may qualify for the Medical Certification Program. Here's how:

- First, you must obtain verification from a physician regarding your medical condition, type of equipment and length of time the equipment is needed. Examples of qualifying equipment include: dialysis, oxygen concentrator, ventilator or feeding pump. Ask your physician to complete the validation form in this brochure and mail to Edgerton Utilities at 324 North Michigan Avenue, P.O. Box 609, Edgerton, OH 43517.
- Once the completed form is received and reviewed for eligibility, you will be able to participate in the program within 48 hours. Edgerton Utilities will maintain a record of your medical certification.
- You will need to recertify continuing medical needs every 90 days.
- Equipment not considered life sustaining: refrigerator, air conditioner, nebulizer, CPAP machine, wheelchairs, bed confinement, or electric lift chairs.

What Happens If The Medical Certification Program Is No Longer Required?

When you no longer require life-sustaining equipment, simply let us know by calling 419-298-2912.



Village of Edgerton Utilities

Medical Certification Program

Customer Responsibility

When disconnection of electric service presents a danger or health hazard for a qualifying resident, certification by a medical professional to maintain electric service can be provided up to (3) three times in any 12-month period.

Medical Certification forms must be completed and submitted in writing for each case of pending service disconnection and are each valid for 30 days.

It is the customer's responsibility to submit a completed application for a new medical certificate, if the need continues.

Medical certification does not exempt customers from service disconnection if they fail to comply with payment plan arrangements or if they fail to provide an approved medical certification. This applies to all customers, whether you are a homeowner or renter.

If you experience financial difficulties paying your utility bill please contact the Edgerton Village Utility Office, at 324 North Michigan Avenue, for a list of agencies that may be able to provide financial assistance.



Edgerton Utilities' Office:

- 419.298.2912
- Mon - Fri 7:30 AM - 4:00 PM

Part 1 - to be completed by Customer

Account No. _____

Customer Name: _____

Relationship to Patient: _____

Patient's Permanent Address:

Telephone Number:

Part 2 - The following is to be completed by a licensed medical professional and only after you, or someone in your office, has examined the individual whose name appears as the patient on the form below:

I certify, that to the best of my knowledge, the information below is true.

The following individual has a medical necessity for life-sustaining equipment:

Patient Name: _____

Date of Birth: _____

Pertinent Diagnosis: _____

Part 2 - Continued

Qualifying Equipment (Electrical Equipment In-home Usage):

___ Oxygen Concentrator ___ Heart Monitor

___ Oxygen Monitors ___ Feeding Pump

___ Suction Machine ___ Respirator

___ Dialysis (In home)

Other: _____

(Nebulizers are not considered life sustaining equipment)

Estimated Length of Need: _____

(recertification required every 90 days)

I certify that I advised my patient that disclosure of the requested information may be subject to redisclosure by the recipient and no longer be protected by the HIPPA rules and regulations.

Physician Signature: _____

Physician Name: _____

License/Certification No.: _____

Address: _____

City, State, Zip: _____

Telephone No.: _____

I understand and give permission to Edgerton Utilities to contact, for verification, the physician who completed the information on this form.

Customer Signature: _____

