



P.O. BOX 7
Crewe, Virginia 23930-0007
PHONE: 1-800-552-2118
Email: Amber.carroll@sec.coop

MEDICAL FORM

Contact: Amber Carroll
Collections Supervisor
Email: Amber.carroll@sec.coop

"Serious Medical Condition Certification Form"

Dear Member:

We have been informed that you have a serious medical condition that requires (1) ongoing medical supervision, (2) consultation of a physician, (3) administration of specialized treatments, (4) dependence on medical technology, e.g. ventilators, dialysis machines, enteral or parenteral nutrition support or continuous oxygen, (5) medications with special storage requirements and (6) the use of powered equipment or access to water.

Please complete the enclosed "Serious Medical Condition Certification Form," or have your legal guardian or power of attorney fill out the form and return it to the Cooperative. Please notice that there is a section that must be completed and signed by a licensed physician that certifies that the medical condition meets the definition of a serious medical condition and identifies both the anticipated length of time the serious medical condition will persist, as well as any equipment prescribed or treatment required for medical condition.

As soon as the "Serious Medical Condition Certification Form" has been received, your account will be pinpointed and identified on the Cooperative's mapping system that, in turn, will help us notify you in cases of planned power outages. Priority is also given to these account locations in the event of extended power outages, as may be possible given the power flow requirements of SEC's distribution system.

Southside Electric Cooperative cannot guarantee you that the electricity at your account location will not be interrupted, nor can it assure you that the power outage will only be for a short period of time. It is, therefore, important that the "Serious Medical Condition Certification Form" is completely filled out and that you are familiar with the type of medical equipment you are using, e.g., backup features and/or what assistance(s) are available from your health care provider during an extended power outage.

There are various types of small, portable, standby generators that can be purchased and used by you in the event of extended power outages. Cooperative personnel are available to discuss the advantages of having a backup generator in case of a major weather event.

Again, please complete the enclosed "Serious Medical Condition Certification Form" and return it to the Cooperative at your earliest convenience.

Cordially,

Amber Carroll

Enclosure



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Serious Medical Condition Certification Form

Form SMCC (01/ 2017)

To Be Completed by the Member			
Member Name:		Electric Account Number:	
Member Address:			
		Contact Telephone Number:	
City:	State:	Zip Code:	Alternate Telephone Number:
<i>I certify that the information above is accurate, and the patient is the member or a family member of the member residing at this residence.</i>			
Member Signature:		Date:	
To Be Completed by the Patient/Legal Guardian/Power of Attorney:			
Patient Name:		Patient Relationship to Member:	
Contact Telephone Number:		Alternate Telephone Number:	
<i>I hereby authorize my physician to release the following information about the above-named patient to the utility's representatives and/or the State Corporation Commission and to answer related questions to help determine if the identified medical condition(s) meets the definition of a serious medical condition that is defined below. I certify that the patient lives at the address listed above, and that all information provided is accurate.</i>			
Patient/Legal Guardian/Power of Attorney Signature:		Date:	
To be Completed by the Physician: (M.D. or D.O)			
Physician Name:		Contact Telephone Number:	
Physician Office Address:		Alternate Telephone Number:	
City:	State:	Zip Code:	Fax Number:
Current License Number:		Licensing State:	
Patient's Diagnosed Serious Medical Condition:			
Required Treatment for Condition:			
<u>Equipment prescribed and/ or required</u> treatment for conditions <u>(if any)</u>: (Check all that apply)			
--	Mechanical Ventilator	--	CPAP Machine
--	Feeding Pump	--	Nebulizer
--	Infant Apnea Monitor	--	Hospital Bed
--	Continuous Oxygen	--	Refrigeration
--	Home Dialysis	--	HVAC
		--	Other: _____
Expected Duration of Condition:			
<i>I certify that the above patient has a serious medical condition that is defined as a physical or psychiatric condition that requires medical intervention to prevent further disability, loss of function, or death. Such conditions are characterized by a need for ongoing medical supervision or the consultation of a physician. A serious medical condition carries with it a risk to health beyond that experienced by the majority of children and adults in their day-to-day minor illnesses and injuries. Individuals with a serious medical condition may require administration of specialized treatments and may be dependent on medical technology such as ventilators, dialysis machines, enteral or parenteral nutrition support or continuous oxygen. Medical interventions may include medications with special storage requirements, use of powered equipment, or access to water. I certify that the preceding information is correct.</i>			
Physician's Signature:		Date:	

This form was developed pursuant to: 20VAC 5-330 "Limitations on Disconnection of Electric and Water Service"