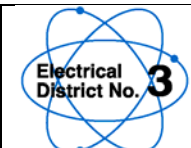


ELECTRICAL DISTRICT NO. 3 (ED3) MEDICAL STATUS FORM

REVISION NO. 3

EFFECTIVE: 07/26/2017

TO BE COMPLETED BY CUSTOMER									
Please Print or Type									
REVISION NO.: 2					EFFECTIVE: 07/26/2017				
ACCOUNT NO.:	MEDICAL EQUIPMENT FROM ELECTRICAL PLATE:			Watts	Volts		Amps		
NAME ON ACCOUNT:	First:	Last:		PATIENT RELATIONSHIP TO ED3 CUSTOMER:					
SERVICE ADDRESS:				City:	State:		AZ	Zip:	
DAYTIME PHONE:	HOME PHONE:		NAME OF PATIENT USING EQUIPMENT						
PHYSICIAN'S NAME:	PHONE:			FAX:					
NAME OF NEIGHBOR, FRIEND OR RELATIVE (Circle One):							PHONE:		
1. I understand a medical status does not guarantee my service will not be disconnected for any unpaid electric bills and medical accounts are subject to the same bill payment terms as other residential account. 2. I understand ED3 strongly recommends having an uninterruptible power source (such as portable generators, battery backups, etc.) which could operate medical equipment during a loss of power. 3. I understand at any time ED3 may require field verification of medical equipment. 4. I give the above listed physician my permission to release medical information to ED3 up to 36 months from the date of the signature below. 5. Call "911" if someone in your household needs immediate medical attention or must be transported.									
ED3 CUSTOMER SIGNATURE:							DATE:		

TO BE COMPLETED BY PHYSICIAN									
Please Print or Type									
PATIENT'S NAME:	First:	Last:		PHYSICIAN'S NAME:					
PLEASE COMPLETE ALL THAT APPLY - CHECK YES OR NO									
TYPE OF EQUIPMENT	USED IN HOME?		ESSENTIAL TO SUSTAIN LIFE?		REQUIRES ELECTRICITY TO OPERATE?		If the power goes out: ED3 recommends you seek temporary shelter or medical care if you use life-support equipment and your power is interrupted. This will ensure your medical needs will be met until the power is restored.		
	Yes	No	Yes	No	Yes	No			
Kidney / Hemo / Peritoneal Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attach a Completed Prescription Slip & Include: → Patient's Name → Equipment Used → Address → Frequency of Use → Name on ED3 Account → ED3 Account Number		
Ventilators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Apnea Monitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Feeding or Infusion Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Suction Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
C-PAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Oxygen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Others - Please List:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
What precautions should our field personnel take when / if they enter the patient's residence (i.e. none, gloves, battery backups, etc.)? Please specify:									
An ED3 customer is applying for medical status of their electric account for a patient that is under your care. To determine medical status, ED3 requires information from the patient's physician. Please complete the physician's portion above and if agreed to all terms, please sign below.									
PHYSICIAN'S SIGNATURE:				DATE:		PHONE:			
ED3 strongly recommends having an uninterruptible power source (such as portable generators, battery backups, etc.) which could operate medical equipment during the loss of power.					ELECTRICAL DISTRICT NO. 3				
After the physician has completed, signed AND attached a completed prescription slip, please mail, email, fax or deliver this form in person to ED3:					41630 W. LOUIS JOHNSON DRIVE MARICOPA, AZ 85138 MAIN (520) 424-9021 / FAX (520) 494-7053 EMAIL: customer service@ed-3.org				