



# People's Energy Cooperative

Your Touchstone Energy® Cooperative 

Dear Member:

You have requested to be put on our Medical Alert Priority List. Before we can put you on this list, we need written authorization from your doctor stating that it would be life threatening for you to be without power. Once we have received this written authorization your name will be placed on our Medical Alert Priority List. In addition, please make sure we have all your updated contact information in the event we need to reach you regarding your electric service.

What does it mean to be on our Medical Alert Priority List? First, it does not guarantee that you will always have power. In the case of a power outage, it does not guarantee that power will be restored within a certain time frame. It simply means that when a power outage occurs, members that are on our Medical Alert Priority List may be given priority over members who are not on the list.

Please be aware that your power can still be disconnected due to nonpayment if the account should become delinquent. If this occurs, you will need to contact the office during normal business hours to set up a mutually acceptable payment arrangement before the disconnect date on the notice. Failure to keep the scheduled arrangements could result in disconnection of service without further notice.

Although we make every effort to restore a power outage as fast as we can safely work, in many cases it is hard to predict how long an outage will last. Historically, although not often, there have been major storms where power restoration times have run into days...not hours. During any power outage, People's Energy Cooperative is NOT responsible to provide a means to supply electric power for your medical equipment. If your medical condition requires that you be on this list, we urge you to consider some type of backup power for your medical equipment.

We trust that this information helps you understand more about our Medical Alert Priority List. Please return the enclosed Medical Alert Priority List authorization form if you still have the need to remain on this list. If you should have any questions or concerns, please contact our Member Service Department by emailing [memberservices@peoplesrec.com](mailto:memberservices@peoplesrec.com) or calling 1-800-214-2694 during our normal business hours of 7:30 AM to 4:00 PM, Monday through Friday.

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## **Medical Alert Priority List**

Date \_\_\_\_\_

(Note: This form is to be completed annually by the member's physician.)

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please place \_\_\_\_\_ and/or family on your Medical Alert Priority List for restoration of service if a power failure should occur.

This patient is currently under my care for a life threatening condition. They are using the following life monitoring and/or support equipment:

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

The equipment in use is electrically powered and may or may not have battery support.

Duration of Need: (Please choose one.)

- Permanent (Until further notice. Note: If longer than 12 months, then a new form will need to be submitted annually.)
- Temporary (Until \_\_\_\_\_ Month/Day/Year)

Your cooperation in helping this patient and family maintain electrical service will be greatly appreciated.

Sincerely,

Physician's Signature \_\_\_\_\_

Physician's Printed Name \_\_\_\_\_

Physician's Business Address \_\_\_\_\_

\_\_\_\_\_

Physician's Telephone Number \_\_\_\_\_