Medical Equipment Notification Program

Medical Equipment Notification Form

To notify the utility of the use of life sustaining medical equipment in the home

Customer Information

Last Name | First Name

Home Address | Phone Number

City | State | Zip

Mailing Address if different than above

__ __ __ __ __ __ __ - __ __ __ __ __

Roseville Electric Utility Account Number

The Medical Equipment Notification Program allows utility customers to notify the City of Roseville of the residential use of essential medical support equipment. This program allows the City to comply with the California Public Utility code 10010.

*Customers who meet the criteria for low income should apply for the **Medical Rate Assistance Program**. Approved participants in the Medical Rate Assistance Program are automatically added to the Medical Equipment Notification Program.*

How to Apply

1. Fill out customer information with the name and address as it appears on the Roseville Electric utility account

2. Ask your physician to complete and sign the statement of certification on the back of this form.

3. Mail all required documents to:

City of Roseville
Finance Department
311 Vernon St.
Roseville CA. 95678

For assistance please call the City of Roseville Finance Department at **(916) 774-5300 or visit www.roseville.ca.us/Finance**

(do not include this application with bill payment)

Agreement

Roseville Electric makes every effort to inform customers prior to outages for scheduled, planned maintenance. Unplanned maintenance or outages are uncommon in Roseville Electric's service area however; it is advisable to have an emergency plan in place for your heath needs in the event we are unable to notify you of pending disruptions to your service. If an outage is causing a life threatening emergency, call 911 immediately.

I understand that if I become past due on my utility bill, my electric service is subject to disconnection. I understand that it is my responsibility to contact the City of Roseville Finance Department to discuss payment arrangements prior to the final due date, as indicated in the Reminder Notice.

I understand the above information is subject to verification and I agree to provide such verification and understand I will be denied without this verification. I understand it is my responsibility to notify the City of Roseville when the person using the medical equipment either no longer uses the device or resides at this location.

By signing below, I declare under penalty of perjury that the information contained on this application is true and correct.

X

Applicant Signature | Date

Statement of Certification - to be completed by a Medical Doctor

To be eligible for a rate discount, a patient must depend on an essential medical support device. Such a device is defined as any medical device requiring utility supplied electrical energy for its operation and which is regularly required to support the life of the person residing in a residential dwelling.

In your opinion, does the equipement listed here meet this description? _____Yes _____No

Patient Name

Type of equipment required

Make | Model

Voltage | Wattage

Doctor's Name | Phone

Address | City | State | Zip

California Medical License Number

I hereby certify, under penalty of perjury, that this patient regularly requires the use of the listed life suporting medical equipment that is powered by electricity.

Signature | Date