



Karnes Electric Cooperative, Inc.
Medical Critical Care Registry Application Instructions

If you or someone permanently living in your household requires electrical life-sustaining equipment, we encourage you to apply to be enrolled in the Karnes Electric Cooperative (KEC) Medical Critical Care Registry. To be eligible, the following conditions must be met:

- Member must provide confirmation from the patient's attending physician that life-sustaining medical equipment used by the patient is required at the Member's residence.
- Member must provide a renewed application from the attending physician every 12 months to continue participation in the Registry if the patient requires electric service for a period longer than the initial 12 months.

If the above stated conditions are met, Member shall complete Part A. Part B must be completed by a physician and submitted from the physician's office.

Important Information:

- This application must be completed to obtain Critical Care designation with Karnes Electric Cooperative. This application will not be processed if incomplete, unreadable, or improperly submitted.
- Critical Care designation does not guarantee continuous electric power. If electricity is a necessity to sustain life, you must make other arrangements for onsite back-up capabilities or other alternatives in the event of power loss. We strongly urge you to develop an emergency plan in case of a sustained power outage.
- Acceptance in this Program does not prevent the disconnection of service due to non-payment of Member's utility bill.
- Submission of this application does not automatically result in Medical Critical Care status. Notification of the action taken with regard to this form will be provided to the applicant at the mailing address provided.

Member Obligations:

- Member must re-enroll in the Program whenever the patient moves to a new residence or every 12 months if patient continues to require life-sustaining medical equipment.
- Whenever necessary, arrangements should be made to move the patient to an alternate location that has power and/or to have back-up power available for operation of any electrically-operated medical equipment in the event of interrupted power supply.



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Part A: Member Information (Please print)

Account #: _____
Member Name: _____
Primary Telephone #: _____ Alternate Telephone # _____
Service Address: _____ City/St: _____ Zip: _____
Patient's Name: _____
Patient Relationship to Member: _____
Emergency Secondary Contact: _____ Telephone #: _____

Part B: Physician Information – To be completed by Physician (Please print)

Patient's Name: _____
Physician's Name: _____ Telephone #: _____
Physician's Address: _____
Texas Board License Number: _____
Description of Life Support Equipment: _____

Physician Certification:

I hereby certify that the Patient who is seeking qualification in Karnes Electric Cooperative's Critical Care Registry Program requires electrically-powered medical equipment at the address listed in Part A.

Physician's Signature

Date

Note to Physician: With regard to planning power outages, Karnes Electric Cooperative (KEC) will attempt to contact your patient requiring electrically-powered medical equipment in advance so they can make arrangements for transport to another location, if necessary. However, because of the wide variety of circumstances under which (unplanned) power outages occur, KEC cannot guarantee restoration time. If your patient has critically important medical equipment that requires electric power for operation, they should have a back-up source of power available at their residence.

Part B must be completed by a physician and submitted from the physician's office.

Please fax to (830) 780-2347, or email to memberservice@karnesec.org.

To be updated annually, or as medical conditions change. Acceptance into this program does not prevent the disconnection of service due to nonpayment of members utility bill.