

Medical Critical Care Registry Application

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 a 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.
- Members enrolled in the Prepay program are ineligible to apply for the Medical Critical Care Registry Application.
- Submission of this application does not automatically result in registry status. Notification of the status will be provided by email or letter to the address provided.

Types of Critical Care:

- Chronic Condition
 - Chronic Condition is defined as a member or individual permanently residing in the dwelling that has a serious medical condition that requires an electric powered device or electric and heating space condition to prevent the impairment of a major life function through a significant deterioration or exacerbation of the person's medical condition as certified by a physician and places the member on our registry for 12 months.
- Critical Care
 - Critical Care is defined as a member or another individual permanently residing in the dwelling, who has been diagnosed by a physician as being dependent upon an electric powered device to sustain life and places the member on the registry for 12 months.

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.

Medical Critical Care Registry Application

Part A: Member Information (Please print)

All Fields Required

Account #: _____ Member Name: _____
 Primary Telephone #: _____ Mobile Telephone #: _____
 Email Address: _____
 Service Address: _____ City/State: _____ Zip : _____
 Patients Name: _____ Patient Relationship to Member: _____
 Emergency Contact: _____ Telephone#: _____
 I chose to not provide emergency contact. Failure to include emergency contact may result in disconnection of service without notice.
 Member Signature: _____ Date: _____

I have read and understood the information and certify that the information provided on this Application is correct. I understand the information may also be used to provide notices relating to my electric service to the Emergency Contact.

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

Patient's Name: _____
 Physician's Name: _____ Texas Medical Board License Number: _____
 Physician's Address: _____
 Physician's Telephone #: _____ Physician's Email: _____
 Type of Critical Care: (Select 1)

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- Critical Care** is defined as a member or another individual permanently residing in the dwelling, who has been diagnosed by a physician as being dependent upon an electric powered device to sustain life and places the member on the registry for 12 months.

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 email form to member.service@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.