

Medical Alert Customer Application - Muscoda Utilities

Customer fills out top half of this form and have your Physician complete the bottom half of the form and return as soon as possible. **Acceptance into this program does not guarantee continuous electrical service, nor does it protect your account from collection action for unpaid utility bills. If your electric service is critical for sustaining life, you should develop a medical back up plan to accommodate your medical needs during power interruptions.**

Customer Information (To be completed by utility customer)

Date: _____

Name _____ Account # _____

Street Address _____ Muscoda WI 53573

Phone: Daytime _____ Evening: _____

Name of individual with electric medical needs: _____

Is there another person we can contact if you do not answer your phone?

Name: _____ Phone: _____

Provider Information (To be completed by Physician)

Patient name _____ Date of Birth _____

Medical Condition: _____

Type of Electric Life Sustaining Equipment Used: _____

Does patient have battery back-up for this equipment? Yes ___ No ___

If yes, how long are they able to rely on the battery? _____

Do they rely on the equipment 24 hours per day? Yes ___ No ___

If not, during what hours do they use the Equipment? _____

How long can patient sustain without electrical service? _____

Physician Name: _____ Phone Number _____

Physician Address: _____

Physicians Signature _____ Date _____ License # _____

This qualification requires an annual renewal. The information on this form may be subject to verification and additional information may be required from you or your physician.

Qualification pursuant to this form does not guarantee an uninterrupted power supply, and if electricity is a necessity you may need to make other arrangements.

MAIL TO: Muscoda Utilities PO Box 206 Muscoda WI 53573

FAX: 1-608-739-3183

Any questions: Phone: 608-739-4917 or email: rnankee@wppienergy.org