



Medically Essential Service
Application Supplement

Sec. 28-272

*(b) Medically essential services. For purpose of this subsection, a medically essential service customer is a residential customer whose electric service is medically essential, as affirmed through the current certificate of a physician licensed under F.S. chapter 458 or chapter 459. **Service is “medically essential” if the customer uses continuously-operating, electric powered, medical equipment necessary to sustain life, or avoid serious medical complications requiring immediate hospitalization,** of the customer or another permanent resident of the service address. The physician’s certificate shall explain briefly and clearly in medical and non-medical terms, why continuance of electric service is medically essential. A customer who is certified as a medically essential service customer must renew such certification annually through the procedure outlined herein. The certificate will be on a form provided to the customer by the customer service department of the city. The form shall be completed by a physician and returned to the customer service department.*

The city electric utility may provide medically essential service customers with a limited extension of time to pay off delinquent bills, not to exceed thirty (30) days beyond the date service would normally be subject to disconnection for nonpayment of bills. The city electric utility shall provide the medically essential service customer with written notice, specifying the date of disconnection, based on the limited extension. The medically essential service customer shall be responsible for making mutually satisfactory arrangements to ensure payment within the additional extension of time for service provided by the city electric utility, for which payment is due, or to make other arrangements for meeting medically essential needs.

No later than 12:00 noon one (1) day prior to the scheduled disconnection of service of a medically essential service customer, the city electric utility shall attempt to contact such customer by telephone to provide notice of the scheduled disconnection date. If the medically essential service customer does not have a telephone number listed on the account or if the customer cannot be reached by telephone, a field representative will be sent to the residence no later than 4:00pm on the day prior to the scheduled disconnection. If contact is not made, the field representative will leave written notification at the residence advising the medically essential service customer of the scheduled disconnection date, thereafter, the city electric utility may disconnect on the specified date.

In the event the customer is certified as a medically essential service customer, the customer shall remain solely responsible for any back up equipment and/or power supply and a planned course of action in the event of a power outage. The city electric utility does not assume, and expressly disclaims, any obligation or duty to monitor the health or condition of the person requiring medically essential service; to insure continuous service; to call, contact or otherwise advise of service interruptions; or to take any other action (or to refrain from any action) that differs from the normal operations of the city electric utility.

Nothing in this subsection shall impose any special duty upon the city or create any liability not previously existing. The subsection shall not create any private right of action.



Medically Essential Service
Application for Enrollment

In order for the City of Homestead Energy Services to determine whether a customer is eligible for designation as a Medically Essential Service Customer, Part A must be completed by the customer and Part B by the patient's physician and the entire form returned directly to the City of Homestead Customer Service Division at the following address: City of Homestead Customer Service, 711 NE 1st Road, Homestead, Florida 33030.

Please note: Submission of this form does not automatically qualify a customer to be listed as a Medically Essential Service Customer.

*****PLEASE TYPE OR PRINT CLEARLY*****

PART A: CUSTOMER APPLICATION

Date: _____ Account Number: _____
Customer Name: _____ Last 4 digits of Social Security No. _____
Service Address: _____ City _____ Zip Code _____
Home Telephone No: _____ Daytime Telephone No. _____
Name of Person using Equipment: _____ Physician's Name: _____

By signing this application (Customer's Name) _____ is acknowledging that application and the conditions have been reviewed in its entirety.

The City of Homestead Customer Service Department has fully explained how my account will be handled regarding any collection action due to nonpayment of the bill. I understand that the City of Homestead Energy Services does not guarantee uninterrupted service or assign a priority status to my account for service restoration due to outages. I understand that I must be prepared with backup equipment and/or power and a planned course of action in the event of prolonged outages. I agree to notify the Customer Service Department when this equipment is no longer in use.

Customer Signature: _____ Date: _____



Physician's Certificate

****Please Type or Print Clearly****

Physician's Name: _____ Physician's License Number: _____

Physician's Address: _____ City _____ Zip _____

Physician's Telephone Number: _____

I _____, duly licensed and authorized to practice medicine in the State of Florida, hereby certify that _____, who resides at _____ is under my care and relies upon **continuously operating electric-powered medical equipment in order to sustain his/her life or to avoid serious medical complications requiring his/her immediate hospitalization.** The continuously operating medical equipment upon which this patient relies is described as follows: _____

The patient uses this equipment ___ hours within each twenty-four (24) hour period. Following is why, in my opinion, **this patient needs the continuous use of this equipment in order to sustain his/her life or to avoid serious medical complications requiring his/her immediate hospitalization:** _____

Physician's Signature: _____ Date: _____

This certificate shall be deemed valid for a period of twelve (12) months from the date the certificate is accepted by City of Homestead for purposes of determining that a customer qualifies as a Medically Essential Service Customer within the meaning of Section 1.65 of the City of Homestead Codes for electric service, or that such designation should be renewed.



Note to Physician – Please return this form to:

City of Homestead
Customer Service Division
711 NE 1st Road
Homestead, Florida 33030