



Customer Services Department

BOX 207 - WASHINGTON AT GRAHAM ST - SHELBY, NORTH CAROLINA 28151-0207

MEDICAL ALERT TERMS AND CONDITIONS

By completing the form below, you are requesting to have your utility account reviewed for possible Medical Alert qualification. This form must be submitted along with the Medical Alert Application and the Medical Alert Certification from your medical provider.

Certain medical conditions make it favorable to have continual access to the City of Shelby utilities system. The Customer Services Department offers eligible customers with certain medical qualifications to have additional notification prior to disconnection of their utility services in cases of nonpayment and delinquency.

Upon receipt of this signed form, the completed application for Medical Alert and the Medical Alert Certification Form, the Customer Services Department will review your case to determine eligibility. Several aspects may affect eligibility along with payment history, credit history, and medical condition.

If eligibility is determined, you will be notified by Customer Services. Your account will be updated to reflect Medical Alert; and in the event of potential disconnection of your utility services for nonpayment you will be provided additional prior notification.

If your services are interrupted due to nonpayment, the account balance will need to be paid in full prior to reconnection of services, and the Medical Alert status may be removed from your account.

In order to maintain Medical Alert eligibility each year, customers must submit a new signed Medical Alert Terms and Conditions Form, a new completed Medical Alert Application, and an updated Medical Alert Certification Form.

I understand that (1) I am obligated to pay my monthly utility bill by the due date and failure to make timely payments may result in interruption of service. (2) I am not guaranteed uninterrupted utility service.

Account Holder Signature _____

Forward your completed forms to the above address or bring to City Hall.
300 S. Washington St Shelby, NC 28150

Visit us on the web at www.cityofshelby.com



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MEDICAL ALERT APPLICATION

By completing the form below, you are requesting to have your utility account reviewed for possible Medical Alert qualification. This application must be submitted along with the following documents: Medical Alert Terms and Condition Form and the Medical Alert Certification Form from your medical provider.

Today's Date _____ Account Number _____

Service Address _____
Street Address City State Zip Code

Mailing Address _____
(PO Box, Apt, Suite, etc.) City State Zip Code

Patient Name _____
First Name Middle Name Last Name

Emergency Contact Information

Patient Phones: () _____ () _____ () _____
Home Work Mobile

Spouse Name _____
First Name Middle Name Last Name

Spouse Phones: () _____ () _____ () _____
Home Work Mobile

Additional Contact _____
First Name Middle Name Last Name

Additional Contact Phones: () _____ () _____ () _____
Home Work Mobile

If you do not own the property at this service address, please complete the following:

Owner's Name _____ Phone Number () _____

By signing this application, **the customer agrees to pay his/her account by the due date**, so that service will not be interrupted for failure to pay. The City of Shelby will make a good faith effort to make contact with the customer or a member of the household before service is terminated.

Account Holder Signature _____ Date _____

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MEDICAL ALERT CERTIFICATION

Today's Date _____ Account Number _____

Account Holder _____
First Name Middle Name Last Name

Patient Name _____
First Name Middle Name Last Name

Service Address _____
Street Address City State Zip Code

Physician Contact Information

To be completed by Physician

(Please Print)

Physician Name _____
First Name Last Name

Physician Office _____
Street Address City State Zip Code

Physician Phones: () _____ () _____ () _____
Office Other Other

Patient Medical Condition _____

Type of Life Support System _____
Please list any medical equipment that requires utility service

Physician Signature _____ Date _____

*****Please provide, along with this form, a signed copy of your office's letterhead*****

The customer agrees that it is their responsibility to provide the letter of certification from a doctor or hospital advising of their medical condition. To be considered for the Medical Alert Program the patient must be **chronically or seriously ill, or on a life support system**. The certification will be reviewed and brought up to date each year.

The City of Shelby will exercise all diligence in keeping power flowing to all life support patients. However, due to conditions beyond our control, electric power cannot be guaranteed 100 percent of the time. **It is understood that the customer should have a back-up plan for movement of the patient if the City of Shelby is unable to restore power.**

Account Holder Signature _____ Date _____



Medical Alert Program Guidelines

1. The customer has the responsibility of notifying the City of Shelby if there is someone in the household who is either:
 - a. On a life support system such as oxygen, heart/lung respirator, etc.
2. ***The customer must provide a letter of certification from a doctor or hospital advising of the above condition.*** These letters will be reviewed and brought up-to-date once a year by a designated employee in the Customer Services Department. A customer who complies with these notification procedures will have a white seal placed on their meter to designate his household as containing a chronically ill or life support customer.
3. ***The customer has the responsibility to carefully handle his account so that service will not be interrupted for failure to pay.*** With the medical alert designation, the City of Shelby will exercise all diligence to make personal contact with the customer or member of his household before service is terminated. **Each customer listed with the Medical Alert program should have a back-up plan for movement of the life support patient in the event of disruption of power** for non-payment of the customer's utility bill.
4. The City of Shelby will exercise all diligence in keeping the power flowing to a life support patient. However, due to conditions beyond the control of the City and its employees (storm damage, loss of generation, etc.), electric power cannot be guaranteed 100 percent of the time. **Each customer listed with the Medical Alert program should have a back-up plan for movement of the life support patient if the City is unable to restore power** in a length of time, which is acceptable or critical to the patient's well being.