

Medical Alert Customer Application

Please fill out the top half of this form and have your medical, social service, and/or law enforcement provider complete the bottom half of the form and fax it to us at 608-822-6007 within 5 days.

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 service is critical for life support, you should develop a medical back up plan to accommodate your medical needs during power interruptions.

Customer Information (To be completed by customer)

Name _____ Account number _____

Address _____ Daytime Phone _____

City _____ State _____ Zip _____ Evening Phone _____

Individual(s) with critical medical condition, life-support equipment, or under protective services emergency:

Name _____ Name _____

Date of Birth _____ Date of Birth _____

Third-party contact person _____

Third-party contact daytime phone number _____

Release (signed by patient with condition or his/her legal guardian)

I, _____ (circle one: resident or legal guardian), hereby grant my consent to the below name licensed physician, public health, social services, or law enforcement official, as well as my third party contact person, to release to City of Fennimore Utilities such information as noted below, plus any supplemental information as may be needed by City of Fennimore Utilities, to verify the medical need for Medical Alert Services.

Signature _____ Date _____

(Resident or Legal Guardian)

Provider Information (To be completed by medical, social service, or law enforcement provider)

Name _____ Title/specialty _____

Organization _____ Office Hours _____

Address _____

(City) (State) (Zip)

Phone _____ Fax _____

Patient name _____ Date of last office visit ____/____/____

Critically ill condition* No Yes Explain _____

Life-support equipment* No Yes Explain _____

Asthma Severity/COPD Assessment (circle one, if applicable)

Infrequent episodic Frequent episodic Mild persistent Moderate persistent Severe persistent

Current Prescriptions _____

Is the patient (or caretaker, in the case of small children) ambulatory? (circle one) YES NO
Level of patient functionality (circle one) Independent Needs assistance Dependent Care
Note the presence of in-home (circle those that apply) Skilled nursing Physical therapy Hospice
Please describe critical medical condition and/or life support equipment needs _____

***Assume the standard accepted medical definition of "Critically ill" & "life-support" for qualifying patients for this service.**

Name of Doctor/Health Care Professional/Official (Please Print) _____

Signature _____ License # _____
Doctor/Health Care Professional/Official

Date _____

Contact Information:

City of Fennimore Utilities
860 Lincoln Avenue
PO Box 17
Fennimore, WI 53809-0017

Phone 1-608-822-6110
Fax 1-608-608-6007
www.fennimore.com
utilityclerk@fennimore.com

21-Day Extension of Service Pursuant to PSC 113.0301(13), Wis. Admin. Code, a utility shall postpone the disconnection of service, or reconnect the service if disconnected, for up to 21 days to enable the occupant to arrange for payment, if the occupant produces a licensed Wisconsin physician's statement or notice from a public health, social services or law enforcement official which identifies the medical or protective services emergency and specifies the period of time during which disconnection will aggravate the circumstances. During this extension of service, the utility and occupant shall work together to develop resources and make reasonable payment arrangements in order to continue the service on a permanent basis. The postponement may be extended by renewal of the statement or notice if there is evidence of reasonable communication between the utility and occupant in attempting to make arrangements for payment. During the period service is continued under the provisions of this medical extension, the customer shall be responsible for the cost of this service.

Notice of Right to Review by the Public Service Commission of Wisconsin If there is a dispute concerning an existing medical or protective services emergency, the customer or the utility may request informal review by the Public Service Commission staff. Pending a decision after informal review, residential utility service shall be continued if the utility has been given a statement or notice as described above.

Public Service Commission Consumer Affairs
PO Box 7854
Madison, WI 53707-7854
(800) 225-7729