Critical Care Customer

Definition: A Weatherford Utility customer who has a person permanently residing in his or her home who has been diagnosed by a physician as having a serious medical condition that requires an electric-powered medical device, electric heating or cooling or other utility service to prevent the impairment of a major life function through a significant deterioration or exacerbation of the person's medical condition or to sustain life.

Eligibility for Protections: In order to be considered for designation as a Critical Care Customer:

A. An application, found on the reverse side of this statement, must be:
   1) completed in full by customer and physician,
   2) returned to Weatherford Utilities Customer Service Office, and
   3) approved by said office.

B. A deferred payment plan must be agreed upon by the customer and the Customer Service Office.

Benefit of Protection: If an approved application is on file and a current approved deferred payment plan exists and is being adhered to, prohibition against service disconnection of a Critical Care Customer shall last 63 days from the issuance of the bill. If the deferred payment plan is not being adhered to, Weatherford Utilities shall provide written notice to the Critical Care Customer and the secondary contact listed on application of its intention to disconnect service not later than 21 days prior to the date that service would be disconnected.

Disconnection: Prior to final disconnection of a Critical Care Customer, Weatherford Utilities will contact the Critical Care Customer and the secondary contact by phone. If no contact is made by phone, Weatherford Utilities shall visit the premises, and, if no response shall leave a door hanger containing the pending disconnection information and how to contact Weatherford Utilities within 24 hours.

Renewal: Applications must be renewed by the Critical Care Customer and physician every 2 years that protection is needed. If at any point during service usage the physician's request for protection is no longer valid, the customer shall notify Weatherford Utilities.

Disclaimer: Protection under this policy DOES NOT RELIEVE A CUSTOMER OF THE OBLIGATION TO PAY FOR SERVICES RENDERED and Critical Care Customer status does not guarantee an uninterrupted, regular, or continuous power or utility supply.

Weatherford Utility Customer Service Office:

303 Palo Pint Street
P.O.Box 255
Weatherford, Texas 76085

Fax (817) 598-4309
Phone (817) 598-4225

City of Weatherford
Residential Critical Care Application

PART 1 – TO BE COMPLETED BY THE CUSTOMER

Customer Name: ____

Service Address: ____

Mailing Address (if different than Service Address): ____

City of Weatherford Account Number: _______________________________

Primary Phone Number: ________________________ Other Phone Number: _______________________

Secondary Contact Name: ______________________________________

Mailing Address: ____

Primary Phone Number: ________________________ Other Phone Number: _______________________

Patient's Name (Person, residing permanently at the above Service Address, for whom critical care status is being sought):

____

I have read and understand the information contained in this form and certify that the information provided in this form is correct. I consent to the release of the information in this form concerning my (or the patient's) medical condition for use in processing this form. I understand the information may also be used to determine whether I am eligible for additional notices and other protections relating to my electric service and may be used to provide notices relating to my electric service to the person listed as the secondary contact on this form.

Patient/Patient's Guardian Signature: ____

PART 2 – TO BE COMPLETED BY THE PATIENT'S PHYSICIAN

Type of Life Sustaining Equipment Used: ____

The above medical condition **has** been diagnosed as a life-long condition. Yes ____ No ____

Is condition life threating without electrical Service? Yes ____ No ____

Physician Name (printed): ____

Texas Medical Board License Number: __________________________________

Telephone Number: ___________________________ Fax Number: ____________________________

Physician Signature: ______________________________________ Date: ________________________

Please contact our Customer Service Department at 817-598-4225 with any questions. The completed form may be returned in person at 303 Palo Pinto Street, Weatherford, Texas 76086, faxed to 817-598-4309 or emailed to bhuddleston@weatherfordtx.gov.

This qualification requires renewal every two years from the date that you are qualified. 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.