



### MEDICAL ALERT CERTIFICATE

To assist Duke Energy in administering the medical alert program, the following information is needed to establish a medical alert code for the electric service account shown below.

**TO BE COMPLETED BY CUSTOMER – Please Print**

Account Holder Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Service Address: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_

I certify that I or a member of my household is chronically ill, handicapped or on a life support system.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The medical alert program helps us handle your account with special care. If the account is subject to disconnection for nonpayment, we will attempt to notify you to see if satisfactory payment arrangements can be made. It does not prevent disconnection. We encourage you to prepare for the possibility of a power outage by making alternative arrangements, such as battery or generator backup. We cannot guarantee a constant supply of power nor priority treatment during an outage.

**TO BE COMPLETED BY PHYSICIAN – Please Print**

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Physician Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Physician Phone: (\_\_\_\_) \_\_\_\_\_  
Physician Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

*Please identify the condition and describe the chronic illness, handicap or life support equipment required by the patient.*

Condition and/or Handicap: \_\_\_\_\_  
Please Define: \_\_\_\_\_  
Expected Duration of Condition: \_\_\_\_\_  
Type of Electric Equipment Required: \_\_\_\_\_  
Purpose of Equipment: \_\_\_\_\_  
How Often is Equipment Used? \_\_\_\_\_

Please check the situation which most accurately describes the impact of loss of electric service to the patient.

- \_\_\_\_\_ Disconnection of electrical service would be extremely hazardous to the health of the patient because the equipment is used for continual life support.
- \_\_\_\_\_ Disconnection of electrical service may be a health risk if service is off for more than a few hours and no alternative arrangements have been made.
- \_\_\_\_\_ Disconnection of electrical service would be an inconvenience to the patient's health but does not represent a life-threatening situation.
- \_\_\_\_\_ Other (please explain).

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_