Eugene Water & Electric Board
4200 Roosevelt Blvd.
Eugene, OR 97402-6520
541-685-7000
www.eweb.org

Dear Customer,

Thank you for your recent request to apply for EWEB's Residential Medical Support Program. Please complete **Part 1** of the application and return to EWEB. To qualify for the Medical Support Program, the use of approved electrical medical equipment is required. **Part 2** of the enclosed application is to be filled in by a qualified medical professional and submitted to EWEB.

EWEB does not guarantee that power will not be interrupted for planned or unplanned outages. As a result, we are unable to guarantee uninterrupted service to anyone. Accordingly we recommend you arrange with the medical equipment provider for a backup power source. With a planned outage, EWEB's policy is to provide 72 hours advance notice of our intent to interrupt services. An unplanned outage beyond EWEB's control does not provide us the opportunity to give advance warning. Therefore, customers should plan for dealing with an unplanned outage, based on the severity of their medical needs.

A customer submitting a Medical Support Program application is ***not*** excused from paying for utility service. Customers are required to enter into a time-payment arrangement with EWEB where a past due balance exists, and to keep new charges current. This application must be renewed in order to remain effective. It is the responsibility of the customer to provide and renew the Medical Support Program application.

If you have any questions regarding this matter, please contact our Customer Service Department at 541-685-7000.

Sincerely,

EWEB
Customer Service Department

Enclosure

EWEB RESIDENTIAL MEDICAL SUPPORT PROGRAM APPLICATION

Part 1: To be completed by Customer:

Form must be filled out completely without alteration and will not be processed until all entries are complete to EWEB's satisfaction

Customer Name (as it appears on your bill): ____

EWEB Account Number: ____

Service Address: ____

Mailing Address (If different): ____

Customer Designated Contact Phone #: ____

I understand and agree that:

- Patient resides at the above service address and customer agrees to notify EWEB within 10 business days if any change in patient's occupancy occurs.
- I am responsible for payment of the EWEB billing of utility services at the service address shown on this form.
- I agree to pay all billings timely and in accordance with EWEB policies and procedures posted at www.eweb.org.
- I acknowledge that if this EWEB Medical Support Program application is approved by EWEB***, it does not preclude EWEB's right to restrict or disconnect utility services at the service address to pursue legal collection avenues for the recovery of unpaid billings.***
- EWEB cannot guarantee uninterrupted electric service and I am responsible for making alternate arrangements (such as battery back-up or generator) in the event of an outage.
- This application is valid and not an attempt to delay or avoid payment for services provided. This application is *not indefinite* and renewal will be required at EWEB's discretion.
- I release EWEB from all liability, claims, and damages for property damage, injury or death, or expenses that may result from any utility restriction, up to and including complete termination which may occur incidentally as a result of system failure or due to nonpayment.
- EWEB is authorized to contact the qualified medical professional regarding completion/ verification of this document.

____

Customer Signature Date

____

Patient Signature Date

Completed forms can be:

- Emailed to: EWEB.Answers@eweb.org
- Mailed to: EWEB, 4200 Roosevelt Blvd, Eugene, OR 97402

EWEB RESIDENTIAL MEDICAL SUPPORT PROGRAM APPLICATION

Part 2: To be completed by a Qualified Medical Professional

Form must be filled out completely without alteration and will not be processed until all entries are complete to EWEB's satisfaction.

I certify that the medical condition and needs of my patient, listed below, requires use of a commonly recognized life support device.

Patient Last Name:______________________________Patient First Name: ______________________

Relationship to Account Holder: ______________________

Complete description of the health condition(s) requiring medical support equipment:

____

Indication of how long the health condition is expected to last: ___________________________

Devices used for therapy rather than life-support do not qualify. The following medical support device(s) is/are used in the above named patient's home: (Please initial)

- ☐ Apnea Monitors CPAP
- ☐ Oxygen tank / concentrators
- ☐ Heart Monitor
- ☐ Nebulizer
- ☐ Respirator
- ☐ Pulmo Aide
- ☐ Ventilator
- ☐ Motorized Wheelchair
- ☐ Feed / Infusion Type Pump
- ☐ Other home Life Support devices (Please Specify) ____________________________________

I confirm that complete termination of EWEB service for the medical support device(s) initialed above would seriously endanger the patient's physical health. I also confirm that the use of restrictive devices, which allow a consistent but limited flow of electricity, would not medically endanger this patient's health.

____
Qualified Medical Professional's Name (Printed) Phone Number

____
Signature of Qualified Medical Professional Date

____
Complete address of Qualified Medical Professional's practice

Completed forms can be:

- Emailed to: EWEB.Answers@eweb.org
- Mailed to: EWEB, 4200 Roosevelt Blvd, Eugene, OR 97402