



MEDICAL ESSENTIAL INFORMATION

Please read this page before signing and completing the attached form.

If any member of your household requires medical essential equipment in your home and you choose to be on our critical needs list, please sign the attached form and have a qualified physician fill out the designated area as well. By doing so, you will enable Kissimmee Utility Authority to better serve you. The completed form must be received in our office in order to ensure that your account is placed on our updated critical needs list. **Your account will not be placed on the updated critical needs list if KUA does not receive your completed form.**

While we are sympathetic with your situation, we simply cannot guarantee uninterrupted utility service or priority in the restoration of service. Nor does this prevent the interruption of services due to non-payment of your utility account. **It is imperative that you establish a backup plan of action for your specific needs.** This could include the purchase of backup generating equipment or a plan to move the affected party to another location until the problem is corrected. Kissimmee Utility Authority assumes no liability in the event you should be without utility service.

We, Kissimmee Utility Authority, hope you never experience a loss of utility services, whether scheduled or unscheduled.

If you do experience unexpected loss of utility service, please contact Kissimmee Utility Authority at 407-933-9800. It will be your responsibility to notify any other required emergency support services necessary for the life safety of the individual. Our office should be notified of any change in the situation listed on the attached form in order to update our files any time service opens or closes in your name. Updating of this information is to be provided annually and as needed or requested.

If having read the above information you are requesting your account to be noted as being "Medical Essential", and agree to the terms stated, please sign and date the attached form. Your physician will need to complete and sign the section on the attached form. Failure to return the attached form completed will void this request. Your signature also authorizes Kissimmee Utility Authority to discuss your utility account; including critical needs account status, if necessary with the appropriate physician(s), medical staff and/or agencies involving utility assistance.

Please keep this page for your records.



MEDICAL ESSENTIAL / EQUIPMENT INFORMATION

To be completed and signed by account holder

I understand that KUA cannot guarantee uninterrupted utility service or priority in restoration. I also understand that this does not prevent the interruption of service due to non-payment and that I am responsible for emergency planning and support services for the patient residing at this location.

Name: _____ Telephone: _____

Address: _____ KUA Account number: _____

Patient Name (If different from above): _____ Patient Date of Birth: _____

By signing this form you agree that you have read and understand the terms stated on the previous page and authorize Kissimmee Utility Authority to discuss your utility account, if necessary with the appropriate physician(s), medical staff and /or agencies involving assistance.

Account Holder Signature: _____

To be completed by Physician

EXAMPLES OF NON QUALIFIED MEDICAL ESSENTIAL EQUIPMENT ARE: NEBULIZERS, REFRIGERATORS AND AIR CONDITIONERS

Please select the type of equipment that the patient requires.

Kidney Dialysis _____ Continuous Ventilator _____ Oxygen Concentrator _____

Respirator: IBBP _____ Mist _____ Other (please describe): _____

Physician's name (printed): _____

Physician's Address: _____ Telephone: _____

Physician's signature: _____ Date: _____

Please return this form signed and completed by you and your Physician to Kissimmee Utility Authority.

P. O. Box 423219 Kissimmee, FL 34742-3219 FAX (407) 933-1936