



"Neighbors Working for Neighbors"

A Touchstone Energy® Cooperative 

MEDICALLY ESSENTIAL SERVICE CERTIFICATION FORM

In order for Glades Electric Cooperative to determine whether a customer is eligible for the designation as a Medically Essential Service Member, Part A must be completed by the customer and Part B by the patient's physician. Return the completed form to the Customer Service Department at Glades Electric Cooperative.

Part A: MEMBER APPLICATION

PLEASE TYPE OR PRINT CLEARLY

Date: _____ Member GEC Account Number: _____

Member GEC Location Number: _____

Member Name: _____

Service Address: _____ City, State & Zip: _____

Daytime Phone Number (s) () _____ and /or () _____

Patient's Name (if not member) using equipment: _____

(patient must be a resident of member's home)

Does the patient have auxiliary power: Yes _____ No _____

If yes, is it battery or generator power? _____

Name & type of equipment: _____

Physician's Name: _____

Physician's Address: _____

GEC has fully explained how my account will be handled regarding any collection action due to non-payment of the bill. I understand that GEC does not guarantee uninterrupted service or assign a priority status to my account for service restoration during outages. I understand that I must be prepared with backup equipment and/or power and a planned course of action in the event of power outages. I agree to notify GEC when this equipment is no longer in use.

PLEASE NOTE : GEC may share this information with the Emergency Management/Disaster Preparedness Organization in my City or County.

Member Signature: _____ Date: _____

Entered by GEC Employee: _____ Date: _____

Notes: _____