



CRITICAL MEDICAL ACCOUNT REGISTRATION FORM

This form is to be completed by the member and a doctor, physician's assistant, advance practice registered nurse or registered nurse. Once enrolled, Stearns Electric Association will flag your account as a critical medical account. Placing your account on this list does not guarantee uninterrupted service. If the individual using life-sustaining equipment cannot be without power for any length of time, Stearns Electric recommends developing alternate plans.

Placing your account on our Critical Medical Account list does not guarantee uninterrupted service, prevent electric service disruption or relieve your responsibility to maintain an account in good standing. Nor does the list guarantee that members with severe medical conditions will be able to have their electric service restored following a natural or man-made power outage without consideration for the greater good and safety of the general membership. Power must be restored in a particular manner and while this list will not guarantee that you will be the first to have your power restored, it will help our employees make decisions when trying to restore power during a major outage situation.

TO BE COMPLETED BY MEMBER

ACCOUNT NAME: _____ ACCOUNT NUMBER: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
CELL PHONE: _____ HOME PHONE: _____
E-MAIL ADDRESS: _____
NAME OF PATIENT: *(person dependent on electrical, life-sustaining equipment)* _____
MEMBER SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY A DOCTOR, PHYSICIAN'S ASSISTANT, ADVANCE PRACTICE REGISTERED NURSE OR REGISTERED NURSE

MEDICAL PROFESSIONAL NAME: _____
CLINIC NAME: _____ PHONE: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
 I acknowledge that the patient listed above requires electrical life-sustaining equipment that is medically necessary to support the life of this patient.
MEDICAL PROFESSIONAL SIGNATURE: _____ DATE: _____



COMPLETE THIS FORM AND RETURN TO:

Stearns Electric Association,
PO Box 40, Melrose, MN 56352-0040
Fax: (320) 256-3618
Email: billing@stearnselectric.org