



San Bernard Electric  
Cooperative, Inc.

1-800-364-3171  
SBEC.ORG



Your Touchstone Energy® Cooperative 

# Medical Critical Care Registry Application

If you or someone permanently living in your household requires electrical life-sustaining equipment, we encourage you to apply to be enrolled in the San Bernard Electric Cooperative (SBEC) Medical Critical Care Registry. To be eligible, the following conditions must be met:

- Member must provide confirmation from the patient's attending physician that life-sustaining medical equipment used by the patient is required at the Member's residence.
- Member must provide a renewed application from the attending physician every **24 months** to continue participation in the Registry if the patient requires electric service for a period longer than the initial 24 months.

***If the above stated conditions are met, Member shall complete Part A. Part B must be completed by a physician and submitted from the physician's office.***

## **Important Information:**

- This application must be completed to obtain a Critical Care designation with San Bernard Electric Cooperative. **This application will not be processed if incomplete, unreadable, or improperly submitted.**
- **Critical Care designation does not guarantee continuous electric power.** If electricity is a necessity to sustain life, you must make other arrangements for on site back-up capabilities or other alternatives in the event of power loss. We strongly urge you to develop an emergency plan in case of a sustained power outage.
- Acceptance in this Program does not prevent the disconnection of service due to non-payment of Member's utility bill.
- Members enrolled in the Prepay program are ineligible to apply for the Medical Critical Care Registry Application.
- Submission of this application does not automatically result in registry status. Notification of the status will be provided by email or letter to the address provided.

## **Types of Critical Care:**

- Chronic Condition
  - Chronic Condition is defined as a member or individual permanently residing in the dwelling that has a serious medical condition that requires an electric powered device or electric and heating space condition to prevent the impairment of a major life function through a significant deterioration or exacerbation of the person's medical condition as certified by a physician and places the member on our registry for 24 months.
- Critical Care
  - Critical Care is defined as a member or another individual permanently residing in the dwelling, who has been diagnosed by a physician as being dependent upon an electric powered device to sustain life and places the member on the registry for 24 months.

## **Member Obligations:**

- Member must re-enroll in the Program whenever the patient moves to a new residence or every 24 months if patient continues to require life-sustaining medical equipment.
- Whenever necessary, arrangements should be made to move the patient to an alternate location that has power and/or to have back-up power available for operation of any electrically-operated medical equipment in the event of interrupted power supply.

# Medical Critical Care Registry Application

## Part A: Member Information (Please print)

All Fields Required

Account #: \_\_\_\_\_ Member Name: \_\_\_\_\_

Primary Telephone #: \_\_\_\_\_ Mobile Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Service Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip : \_\_\_\_\_

Patients Name: \_\_\_\_\_ Patient Relationship to Member: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Telephone#: \_\_\_\_\_  
 Person other than yourself or joint member who you authorize to be contacted about your electric service

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I have read and understood the information and certify that the information provided on this Application is correct. I understand the information may also be used to provide notices relating to my electric service to the Secondary Contact.*

## Part B: Physician Information – To be completed by Physician (Please print)

Patient's Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Texas Medical Board License Number: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Telephone #: \_\_\_\_\_ Physician's Email: \_\_\_\_\_

Type of Critical Care: (Select 1)

**Chronic Condition** is defined as a member or individual permanently residing in the dwelling that has a serious medical condition that requires an electric powered device or electric and heating space condition to prevent the impairment of a major life function through a significant deterioration or exacerbation of the person's medical condition as certified by a physician and places the member on our registry for 24 months.

**Critical Care** is defined as a member or another individual permanently residing in the dwelling, who has been diagnosed by a physician as being dependent upon an electric powered device to sustain life and places the member on the registry for 24 months.

**Description of Life Support Equipment:** \_\_\_\_\_

**Physician Certification:**  
 I hereby certify that the Patient who is seeking qualification in San Bernard Electric Cooperative's Critical Care Registry Program requires electrically-powered medical equipment at the address listed in Part A.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

when complete please return form to SBEC. Fax: 979-865-9706 email to: [robbyn@sbec.org](mailto:robbyn@sbec.org)

**Member understands that he/she secures no special right to preferential service because SBEC has created a system to take into account member's special needs and that SBEC in no way guarantees uninterrupted service. Member is also advised that it is important that he/she have a back-up plan in the event of an interruption in the normal electrical service.**

SBEC wants to maintain an accurate and up-to-date list of all critical care systems on its lines. This form will be saved for two years, after which time it will need to be renewed. This information can be life saving! If you have any questions, please contact Customer Service at 800-364-3171.

**To be updated annually, or as medical conditions change. Acceptance into this program does not prevent the disconnection of service due to nonpayment of members utility bill.**