

Attachment A – Medical Request Forms

1. Medical Emergency



Issued: November 20, 2019
Account Number: [Redacted]
Service Address: [Redacted]

Confirmation of medical emergency request

Dear [Redacted]

This letter confirms receipt of your request for a medical emergency payment arrangement.

Under this agreement, a minimum payment of \$10.57 must be made and a written certification from a qualified medical professional must be faxed to: Puget Sound Energy/Attn: Back Office Support at **425-424-6728** by November 27, 2019. A qualified medical professional means a licensed physician, nurse practitioner, or a physician's assistant authorized to diagnose and treat the medical condition without supervision of a physician. The written certification must include:

1. The residence location
2. An explanation of how the current medical condition will be aggravated by disconnection of service
3. A statement of how long the condition is expected to last
4. The title, signature, and telephone number of the person certifying the condition

A confirmation letter of payment arrangements will be sent which outlines the complete payment schedule for the remaining past due balance needed to satisfy the agreement.

A medical emergency does not excuse a customer from having to pay delinquent or on-going charges. Failure to pay current monthly charges and the payment arrangement may result in disconnection of energy service.

Please contact us if you have questions. We appreciate the opportunity to serve you.

Sincerely,

Customer Care
Puget Sound Energy

2. Life Support



Issued: December 18, 2019

Account Number: [REDACTED]

Service Address: [REDACTED]

Action required for your life support request

Dear [REDACTED]

Your household has been identified as requiring electricity to operate life support equipment. To ensure that your special needs are met, we would like to maintain accurate and up-to-date information. To assist us in providing you with quality service we will be sending you periodic follow up requests.

The attached enrollment form is to be completed by your medical professional and the account holder. Once the enrollment form has been approved, Puget Sound Energy will send you an acceptance letter and information packet. Approved locations will receive a 48-hour notice prior to any disconnection for non-payment and, when available, information concerning scheduled interruptions in electrical service. The notification is intended to allow you to make the necessary payment or relocate the individual in the home with the life support equipment requirement.

PSE customers who depend on life support systems are spread throughout the PSE service territories. It is not possible to provide restoration priority to individual locations. It remains the individual's responsibility to make appropriate arrangements in case restoration will be delayed. Please consult with your medical professional or equipment provider regarding alternate power sources for your life support equipment. In addition, it is recommended that your personal support network know the life support equipment's operations and instructions for relocating in an emergency.

PSE strives to provide excellent customer service through continuous electrical or natural gas service. Under no circumstance is PSE a guarantor or insurer of uninterrupted electrical or natural gas service. PSE will make every effort to get all interrupted services restored as soon as is practical. PSE will not be liable for any injury, loss, or damage resulting from service interruptions, shortage or insufficiency beyond our control.

Please contact us if you have questions. We appreciate the opportunity to serve you.

Sincerely,

Customer Care
Puget Sound Energy

TO BE COMPLETED BY CUSTOMER: (REQUIRED)

Puget Sound Energy Account Number: _____

Name of Patient: _____ Age of Patient: ____

Relationship to Customer: _____

Service Address:

Street City ZIP

Home Phone Number: _____ Cell Phone Number _____

Customer Signature: _____

TO BE COMPLETED AND FAXED BY A MEDICAL PROFESSIONAL: (REQUIRED)

Medical Provider Name: _____

Medical Provider ID #: _____

Address: _____
Street City ZIP

Phone Number: _____ Fax Number: _____

Type (Circle all that apply):

Home Dialysis

Oxygen concentrator

Ventilator

Infusion feeding pump

Apnea monitor for infants

Respirator

Pressure breathing therapy

Other: _____

How often is the device used? _____

FAX to Puget Sound Energy / Attention - Back Office Support at **1-425-424-6728**