



CITY OF WINTER PARK

401 Park Avenue South

Winter Park, Florida

32789-4386

UTILITY BILLING

P 407.599.3220

F 407.599.3280

Medical Essential Service Information

We are glad to assist with your Medical Essential needs for Electricity due to life support equipment.

Please complete these three forms and return them to our Utility Billing Division.

- Medical Essential Service Application
- Physician Verification Form
- Medical Essential Service Information

**City of Winter Park
Utility Billing
401 S. Park Avenue
Winter Park, Florida 32789-4386**

Who is Eligible?

Residential customers requiring electric service; medically essential certified by a licensed physician. Electric service may be essential if the customer is dependent on electric-powered equipment that must be operated continuously or as circumstances require as specified by a physician to avoid the loss of life or serious medical complications requiring immediate hospitalization.

What the program offers to qualifying customers:

- Limited extension of time to pay utility bill.
- Special notification prior to disconnection of service for non-payment to allow customer to secure funds or make necessary arrangements.

What is not guaranteed?

The program does not guarantee uninterrupted service or exempt customers from payment of their electric bills. The medical essential customer is responsible for backup equipment and/or power supply and a planned course of action in the event of power outages. That course of action may involve a backup supply of power or the ability to move to a location that can offer the needed services.

In the event of unplanned outage situations the City of Winter Park cannot guarantee service restoration beyond its normal efforts to restore service and we ask our customers on life support systems to make arrangements in advance to move to a location where their needs can be met. The City's service restoration policy is as follows; service work begins with the repair of major transmission or distribution lines prior to individual service lines to restore service to as many people as possible in a timely manner. The City will make every effort to restore power as quickly as possible.

If you have any questions regarding your Medical Essential Service status, please contact customer service at (407) 599-3220.



Medical Essential Service Application

Date: _____

Customer Name: _____

Utility Account Number: _____

Name of Resident Using Equipment: _____

Social Security Number: _____

Service Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Emergency Contact: _____

User's Physician Name: _____

The City of Winter Park has fully explained how my account will be handled regarding any collection action due to non-payment of the bill.

I understand The City of Winter Park does not guarantee uninterrupted service or assign a priority status to my account for service restoration during outages and I must be prepared with backup equipment and/or power in the event of an electric outage.

I further agree to re-apply annually and notify the City of Winter Park if Medical Essential Service is no longer required.

City of Winter Park Customer Signature

Date: _____

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Medical Essential Service Physician Application

Physician's Name: _____

Physician's License Number: _____

Physician's Address: _____

Physician's Phone Number: _____

I, _____ (Name of Physician), duly licensed and authorized to practice medicine in the State of Florida hereby certify that _____ (name of patient) who resides at _____ (patient's place of residence) and who is under my care relies upon continuously operating electric powered medical equipment in order to sustain his/her life or to avoid serious medical complications requiring his/her immediate hospitalization. The continuously operating medical equipment upon which this patient relies is described as follows:

The patient uses this equipment _____ hours within each 24 hour period. In my opinion this patient requires continuous use of this equipment in order to sustain his/her life or to avoid serious medical complications requiring his/her immediate hospitalization for the following reasons:

(Attach additional pages if necessary)

Physician's Signature: _____

Date: _____

This document shall be deemed valid for one year from the date this document is accepted by the City of Winter Park for purposes of determining that a member or other resident qualified as a medically essential service member as defined by policies and procedures, or that such designation should be cancelled.

Please return this form to:

**City of Winter Park
Attn: Utility Billing
401 S. Park Avenue
Winter Park, FL 32789**

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