



# SPECIAL MEDICAL NEEDS PROGRAM REGISTRATION & CERTIFICATION

To qualify for the Special Medical Needs Program, you or a member of the same household must be chronically ill and/or on a life support device. Acceptance into this program will allow Santee Cooper to handle your account with special care in the event of nonpayment of your bills, your account will be subject to Santee Cooper's disconnection Special Medical Need customers should have a backup system in place in case of emergency. Santee Cooper cannot guarantee uninterrupted service. Customers will be required to recertify medical status every two years or as needed. By completing and submitting this form, you agree to the terms of the Special Medical Needs Program.

### To be completed by Customer

Name on Account:	First Name:	Last Name:		
Account Verification:	Electric Account Number	Last four of your SSN/FID (required):		
Contact Information:	Email Address:	Primary Phone:		
Service Address:	Street Address:		Apt/Unit/Lot #:	
	City:	State:	ZIP Code:	

**Third Party Notification:** This allows a third party to be notified when service is scheduled for disconnection. The third party is not responsible for payment of the customer's bill.

<input type="checkbox"/> <input type="checkbox"/>	
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Customer Signature: \_\_\_\_\_

### To be completed by Healthcare Provider

Patient Name: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_

Please identify and describe the condition that qualifies the patient for this Special Medical Needs Program:

Chronically ill  
  On Life Support  
  Alzheimer's  
  Dementia  
  Temporary Medical Support

Describe health condition and list electrical equipment required:	Expected duration of condition:
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Based on the patient's illness, please check one of the following options:

Disconnection of electrical service would be extremely hazardous to the health of the patient because electricity is used to operate equipment that is required for continual life support.

Disconnection of electrical service for more than a few hours may be a health risk for the patient if no alternate arrangements are made.

Disconnection of electrical service would be an inconvenience to the patient's health but does not represent a threatening situation.

I, \_\_\_\_\_, (M.D., P.A., N.P., A.P.R.N. - Circle one) am a licensed Healthcare Provider in the state of \_\_\_\_\_. I hereby certify the above to be true and accurate to the best of my knowledge.

License No.: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

P U R Y Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to: Mail: Santee Cooper Attn: Special Medical Needs Coordinator 29509	For more information: Horry/Georgetown County Area: (843)-3399 Berkeley County Area: (843) 76000
Email: <a href="mailto:customerassistance@santeecooper.com">customerassistance@santeecooper.com</a>	Fax Number: (843) 477938