



# CITY OF SHELBY

PO BOX 207 • WASHINGTON AT GRAHAM ST • SHELBY, NC 28151-0207

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## Medical Alert Program Guidelines

1. The customer has the responsibility of notifying the City of Shelby if there is someone in the household who is on a life support system such as oxygen, heart/lung respirator, etc.
2. **The customer must provide a letter of certification from a doctor or hospital advising of the above condition.** These letters will be reviewed and brought up to date once per year by a designated employee in the Customer Services Department. A customer who complies with these notification procedures will have a white seal placed on their meter to designate their household as containing a customer who is chronically ill or on life support.
3. **The customer has the responsibility to carefully handle their account so service will not be interrupted for failure to pay.** With the Medical Alert designation, the City of Shelby will exercise all diligence to make personal contact with the customer or a member of the household before service is terminated. **Each customer listed with the Medical Alert program should have a backup plan for movement of the life support patient in the event of disruption of power for nonpayment of the customer's utility bill.**
4. The City of Shelby will exercise all diligence in keeping the power flowing to a life support patient. However, due to conditions beyond the control of the City and its employees (storm damage, loss of generation, etc.), electric power cannot be guaranteed 100% of the time. **Each customer listed with the Medical Alert program should have a backup plan for movement of the life support patient if the City is unable to restore power in a length of time which is acceptable or critical to the patient's well-being.**



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## Medical Alert Application

By completing the form below, you are requesting to have your utility account reviewed for possible Medical Alert qualification. This application must be submitted along with the Medical Alert Terms and Conditions form and the Medical Alert Certification Form from your medical provider.

Today's Date: \_\_\_\_\_ Account number: \_\_\_\_\_

Service Address: \_\_\_\_\_  
*Street address City State ZIP Code*

Mailing Address: \_\_\_\_\_  
*PO Box, Apt, Suite, etc. City State ZIP Code*

Patient Name: \_\_\_\_\_  
*First Middle Last*

### Emergency Contact Information

Patient Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
*Home Work Mobile*

Spouse Name: \_\_\_\_\_  
*First Middle Last*

Spouse Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
*Home Work Mobile*

Additional Contact: \_\_\_\_\_  
*First Middle Last*

Additional Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
*Home Work Mobile*

**If you do not own the property at this service address, please complete the following:**

Owner's name: \_\_\_\_\_ Phone number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

By signing this application, the customer agrees to pay their account by the due date so that service will not be interrupted for failure to pay. The City of Shelby will make a good faith effort to contact the customer or a member of the household before service is terminated.

\_\_\_\_\_  
*Accountholder Signature Date*



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## Medical Alert Certification

Today's Date: \_\_\_\_\_ Account number: \_\_\_\_\_

Accountholder: \_\_\_\_\_  
*First Middle Last*

Patient Name: \_\_\_\_\_  
*First Middle Last*

Service Address: \_\_\_\_\_  
*Street address City State ZIP Code*

### Physician Contact Information

*To be completed by Physician (Please print)*

Physician Name: \_\_\_\_\_  
*First Last*

Service Office: \_\_\_\_\_  
*Street address City State ZIP Code*

Physician Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*Office Other*

Patient Medical Condition: \_\_\_\_\_

Type of Life Support System: \_\_\_\_\_  
*Please list any medical equipment that requires utility service*

\_\_\_\_\_  
*Physician Signature Date*

**\*\*\*Please provide a signed copy of your office's letterhead along with this form\*\*\***

The customer agrees that it is their responsibility to provide the letter of certification from a doctor or hospital advising of their medical condition. To be considered for the Medical Alert Program, the patient must be chronically or seriously ill, or on a life support system. The certification will be reviewed and brought up to date yearly.

The City of Shelby will exercise all diligence in keeping the power flowing to a life support patient. However, due to conditions beyond the control of the City and its employees, electric power cannot be guaranteed 100% of the time. **It is understood that the customer should have a backup plan for movement of the patient if the City of Shelby is unable to restore power.**

\_\_\_\_\_  
*Accountholder Signature Date*



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## Medical Alert Terms and Conditions

By completing the attached forms and signing the form below, you are requesting to have your utility account reviewed for possible Medical Alert qualification. This form must be submitted along with the Medical Alert Application and the Medical Alert Certification from your medical provider.

Certain medical conditions make it favorable to have continual access to the City of Shelby utility system. The Customer Services Department offers eligible customers with certain medical qualifications to have additional notification prior to disconnection of their utility services in cases of nonpayment and delinquency.

Upon receipt of the completed and signed forms, the Customer Services Department will review your case to determine eligibility. Several aspects may affect eligibility, including payment history, credit history, and medical condition.

Once eligibility is determined, you will be notified by the Customer Services Department. Your account will be updated to reflect the Medical Alert status, and in the event of potential disconnection of your utility services for nonpayment you will be provided additional prior notification.

If your services are interrupted due to nonpayment, the account balance will need to be paid in full prior to reconnection of services and the Medical Alert status may be removed from your account.

In order to maintain Medical Alert eligibility, customers must submit a new signed Medical Alert Terms and Conditions form, a new completed Medical Alert Application, and a new completed Medical Alert Certification form yearly.

I understand that (1) I am obligated to pay my monthly utility bill by the due date and failure to make timely payments may result in interruption of service, and (2) I am not guaranteed uninterrupted utility services.

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*Accountholder Signature*

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*Date*

**Return completed forms to the Customer Services Department at City Hall or mail to:**

City of Shelby  
PO Box 207  
Shelby, NC 28150