



## MEDICAL ALERT PROGRAM

At Lebanon Utilities, we know that electric service is important to all our customers. But for those whose medical conditions require the use of life-sustaining equipment, we've taken the reliability a step further by establishing the **Medical Alert Program**.

### What does the **Medical Alert Program** provide?

**Medical Alert** is designed to provide Lebanon Utilities customers (or patients in their residence) with reasonable prior notice of power interruption due to scheduled service maintenance—which, in turn, will allow them to secure back-up power for their medical equipment. Additionally, participation in the **Medical Alert** program delays disconnections for nonpayment by 10 days based on medical need. One additional 10-day delay may be granted with the filing of a Final Disconnect Medical Postponement Request.

### What services are **NOT** offered by the **Medical Alert Program**?

In the event of emergency power failures due to natural causes or unforeseen system problems, **Medical Alert** cannot provide prior notification. In these situations, it is the customer's responsibility to have a power back-up system for their medical equipment, as well as an action plan for proceeding to the nearest medical facility.

In addition, **Medical Alert** does **not exempt** customers from service disconnection if they do not make regular payments on their accounts, do not keep payment arrangements, or fail to provide information to re-validate their participation in the program.

### How do customers qualify for the **Medical Alert Program**?

If you are a Lebanon Utilities customer whose life-sustaining equipment is dependent on electrical service (or with such a person residing in your service address), you may qualify for **Medical Alert**. Here's how:

- First, you must obtain verification from a physician regarding your medical condition, type of equipment, and length of time the equipment is needed (e.g., oxygen concentrator, heart monitor, feeding pump, or dialysis machines), or another medical reason for this need. Ask your physician to complete the validation form provided and mail it to Lebanon Utilities.
- Once the completed form is received and reviewed for eligibility, you will be able to participate in the program within 48 hours. Lebanon Utilities will maintain a record of your power needs and your account will be identified as within the **Medical Alert Program** for one calendar year from the processing of your Validation of Medical Necessity form.
- Each year, you must provide recertification by your physician to ensure that **Medical Alert** service is still needed and up-to-date with Lebanon Utilities. This is your responsibility.

### What Happens If the **Medical Alert Program** is no longer required at a Service Address?

If you no longer require life-sustaining equipment, please notify us by mailing a letter to Lebanon Utilities, 401 S. Meridian St, Lebanon, IN 46052. We then will remove your service address from the Medical Alert Program.



One Municipal Plaza  
401 S. Meridian Street  
Lebanon, IN 46052  
765-482-5100  
[www.lebanon-utilities.com](http://www.lebanon-utilities.com)

## Validation of Medical Necessity

Each year, you must provide recertification by your physician to ensure that Medical Alert service is still needed and up-to-date with Lebanon Utilities. This is your responsibility.

### To be completed by Customer on an annual basis:

Name on Account: \_\_\_\_\_

Account #: \_\_\_\_\_

Service Address: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_  
(Patient must reside at the Service Address)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Patient: \_\_\_\_\_

### To be completed by licensed physician or public health official:

I am familiar with the above-identified Patient, and electrical utility disconnection would be a serious and immediate threat to the health or safety of this patient.

Date of Birth: \_\_\_\_\_ Reason for medical necessity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Name (printed) : \_\_\_\_\_

Professional Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

*Please return the completed Validation of Medical Necessity to:*

MEDICAL ALERT PROGRAM

c/o Lebanon Utilities

401 S. Meridian St.

Lebanon, IN 46052

or email to: [service1@lebanon-utilities.com](mailto:service1@lebanon-utilities.com) with the subject line: Medical Alert Program