



## Life Support Rate & Physician Certification Form

Account Holder Name: \_\_\_\_\_

Additional Account Name(s): \_\_\_\_\_

Relationship (if not account holder): \_\_\_\_\_ Account Holder Phone # \_\_\_\_\_

Service Address: \_\_\_\_\_ City of Bay City Account # \_\_\_\_\_

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

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City of Bay City customers who depend on electric powered life-support equipment prescribed by a doctor may qualify for a discounted Electric Rate.

Subject to any restrictions, this rate is available to any residential customer who, in addition to normal household requirements, desires electrical service for life support systems.

For a life support customer to qualify for this rate, a signed certificate must be provided by a licensed physician stating that a member of the household is dependent on electric energy for the continuous operation of a life support system.

If you believe you qualify for our Life Support Rate, please have your physician complete the form and return this letter to us. **This rate does not relieve you from responsibilities of payment on your account and does not exclude your services from being disconnected for non payment.**

If you have questions about the Life Support Rate please call us at (989) 894-8104 or visit our Web site, [www.baycitymi.org](http://www.baycitymi.org).

### Utility Shutoff Policy

#### SHUTOFF OF CRITICAL CARE CUSTOMERS OR MEDICAL EMERGENCY

From Section:

24. Shutoff shall be postponed for not more than 21 days if the customer or a member of the customer's household is a critical care customer or has a certified medical emergency. The customer's certification shall identify any qualifying medical or life-supporting equipment being used, and the specific time period during which the shutoff of service will aggravate the medical emergency. Shut off may be extended for further periods of not more than 21 days, not to exceed a total postponement of shutoff of service of 63 days, only if the customer provides additional certification that the customer or a member of the customer's household remains a critical care customer or has a certified medical emergency. If shutoff of service has occurred without any postponement being obtained, the service shall be restored for not more than 21 days, and shall continue for further periods of not more than 21 days, not to exceed a total of 63 days in any 12-month period per household member. Annually, shutoff extensions totaling more than 126 days per household will not be given.

25. As used in these Rules:

- A. "Critical care customer" means a customer who requires, or has a household member who requires, home medical equipment or a life support system, and who has provided appropriate documentation from a physician or medical facility to the Utility identifying the medical equipment or life-support system and certifying that an interruption of service would be immediately life threatening.
- F. "Medical emergency" means the existence of a medical condition of the customer or a member of the customer's household, certified by a physician or public health official on official stationery, which will be aggravated by the lack of utility service.



**PHYSICIAN'S CERTIFICATION — LIFE SUPPORT EQUIPMENT**

I certify that my patient \_\_\_\_\_,  
living at \_\_\_\_\_,  
must use the following life support system \_\_\_\_\_  
\_\_\_\_\_

I certify that the continuous operation of this equipment is medically necessary to support the life of this patient.

Date life support added: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Please return to:**  
**City of Bay City – Accounts Receivable**  
**301 Washington Ave**  
**Bay City, MI 48708**

**Fax # 989-894-8216**

**CITY APPROVAL OF FORM:** \_\_\_\_\_

**DATE** \_\_\_\_\_