

Medical Alert Customer Application

Please fill out the top half of this form and have your medical, social service, and/or law enforcement provider complete the bottom half of the form and fax it to us at 608-739-3183 within 5 days. **Acceptance into this program does not guarantee continuous electrical service, nor does it protect your account from collection action for unpaid utility bills. If your service is critical for life support, you should develop a medical back up plan to accommodate your medical needs during power interruptions.**

Customer Information (To be completed by customer)

Name _____ Account number _____
Address _____ Daytime Phone _____
City _____ State _____ Zip _____ Evening Phone _____

Individual(s) with critical medical condition, life-support equipment or under protective services emergency

Name _____ Name _____
Date of Birth _____ Date of Birth _____
Third-party contact person _____
Third-party contact daytime phone number _____

Release (signed by patient with condition or his/her legal guardian)

I _____ (circle one: resident or legal guardian) hereby grant my consent to the below name licensed physician or public health, social services, or law enforcement official, as well as my third party contact person, to release to Muscoda Utilities such information as noted below, plus any supplemental information as may be needed by Muscoda Utilities to verify the medical need for Medical Alert Services.

Signature of resident or legal guardian _____ Date _____

Provider Information (To be completed by medical, social service or law enforcement provider)

Name _____ Title/specialty _____
Organization _____ Office Hours _____
Address _____ Phone _____
City _____ State _____ Zip _____ Fax _____
Patient name _____ Date of last office visit ____/____/____

Critically ill condition* No Yes Explain _____

Life-support equipment* No Yes Explain _____

Asthma Severity/COPD Assessment (only if applicable)

Infrequent episodic Frequent episodic Mild persistent Moderate persistent Severe persistent

Current Prescriptions _____

Is the patient (or caretaker, in the case of small children) ambulatory? (circle one) YES NO

Level of patient functionality (circle one) Independent Needs assistance Dependent Care

Note the presence of in-home (circle those that apply) Skilled nursing Physical therapy Hospice

Please describe critical medical condition and/or life support equipment needs _____

* Assume the standard accepted medical definition of "Critically ill" & "life-support" for qualifying patients for this service.

Physicians Signature _____ Date _____ License # _____

Muscoda Utilities
PO Box 206
Muscoda WI 53573

Phone 1-608-739-4617
Fax 1-608-739-3183

21-Day Extension of Service

Pursuant to PSC 113.0301(13), Wis. Admin. Code, a utility shall postpone the disconnection of service, or reconnect the service if disconnected, for up to 21 days to enable the occupant to arrange for payment, if the occupant produces a licensed Wisconsin physician's statement or notice from a public health, social services or law enforcement official which identifies the medical or protective services emergency and specifies the period of time during which disconnection will aggravate the circumstances. During this extension of service, the utility and occupant shall work together to develop resources and make reasonable payment arrangements in order to continue the service on a permanent basis. The postponement may be extended by renewal of the statement or notice if there is evidence of reasonable communication between the utility and occupant in attempting to make arrangements for payment. During the period service is continued under the provisions of this medical extension, the customer shall be responsible for the cost of this service.

Notice of Right to Review by the Public Service Commission of Wisconsin

If there is a dispute concerning an existing medical or protective services emergency, the customer or the utility may request informal review by the Public Service Commission staff. Pending a decision after informal review, residential utility service shall be continued if the utility has been given a statement or notice as described above.

Public Service Commission
Consumer Affairs
PO Box 7854
Madison, WI 53707-7854
(800) 225-7729