

Medical Device Alert

Note: A Medical Device Alert is not a discount program or a guarantee of uninterrupted service. Monthly bills must continue to be paid.

If you depend on Electricity to power a life-sustaining medical device, we know that power outages can cause real concern for you and your family. With our Medical Device Alert Program, we will make a reasonable attempt to notify you in advance of any planned service outages affecting your residence.

How It Works

When you return a completed certification by a licensed physician, Navopache Electric Cooperative (NEC) will flag the service address on your account with an alert stating someone in your household uses life-sustaining medical devices or has a medical condition requiring continuous electricity. **NEC does not guarantee uninterrupted electric service.**

To have an alert placed on your account:

- **Complete the Member Authorization** and
- **Have your licensed physician complete the Physician's Certification Form.**
- **The patient is required to recertify every 12 months.**
- **Include letterhead from your licensed physician stating that termination would be especially dangerous to the health of the Consumer or a permanent resident residing on the Consumer's premises or that there is medically necessary equipment used in the home which is dependent on utility service for operation.**
- **Submit the completed form and the letterhead to:**

Email: membercare@navopache.org

Walk in or mail:

Navopache Electric Cooperative

Attn: Medical Device Alert

1878 W. White Mountain Blvd.

Lakeside, AZ 85929



Member Authorization

I authorize NEC to contact any sources necessary to establish the accuracy of information provided or obtain additional information pertaining to my eligibility to have an alert placed on my utility account. I further understand if I move, a new certification form is required and the alert will not be applicable to my new address until an updated certification is received and approved. **Incomplete documentation will be returned directly to the Consumer.**

NEC Account # _____

Primary Phone # _____

Member Name _____

Member Signature _____

Date _____

Physician's Certification

Attach this form with your office letterhead (see instructions to the left). **The patient is required to recertify every 12 months.**

I, _____ am a licensed physician.

License # _____

License Exp. Date _____

I certify that the patient named below is currently under my care:

Patient Name _____

Address _____

City, State, Zip _____

Phone Number _____

I certify the patient named on this form requires the use of a life-sustaining medical device, or has a medical condition, requiring continuous electric service. The patient and I have discussed contingency plans due to the inability of an electric provider to guarantee continuous service.

Physician Signature _____

Date _____

Address _____

City, State, Zip _____

Phone Number _____