



SPECIAL MEDICAL NEEDS PROGRAM REGISTRATION & CERTIFICATION

To qualify for the Special Medical Needs Program, you or a member of the same household must be chronically ill and/or on some sort of life support device. Acceptance into this program will allow Santee Cooper to handle your account with special care; however, in the event of nonpayment of your bills, your account will be subject to Santee Cooper's disconnection rules. Special Medical Need customers should have a backup system in place in case of emergency. Santee Cooper cannot guarantee uninterrupted service. Customers will be required to recertify medical status every two years or as needed. **By completing and submitting this form, you agree to the terms of the Special Medical Needs Program.**

To be completed by Customer

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|------------------------------|--------------------------------|---|
| Name on Account: | First Name: _____ | Last Name: _____ |
| Account Verification: | Electric Account Number: _____ | Last four of your SSN/FID (required): _____ |
| Contact Information: | Email Address: _____ | Primary Phone: _____ |
| Service Address: | Street Address: _____ | Apt/Unit/Lot #: _____ |
| | City: _____ | State: _____ ZIP Code: _____ |

Third Party Notification: This allows a third party to be notified when service is scheduled for disconnection. The third party is not responsible for payment of the customer's bill.

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| Would you like to participate in the Third Party Notification program? <input type="checkbox"/> No <input type="checkbox"/> Yes → | Third Party Name: _____ Email Address: _____ Primary Phone: _____ Secondary Phone: _____ |
|--|---|

| | |
|---------------------------|---------------------|
| Customer Signature: _____ | Today's Date: _____ |
|---------------------------|---------------------|

To be completed by Healthcare Provider

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|---------------------|--------------------------------|
| Patient Name: _____ | Patient's Date of Birth: _____ |
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Please identify and describe the condition that qualifies the patient for this Special Medical Needs Program:
 Chronically ill On Life Support Alzheimer's Dementia Temporary Medical Support

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| Describe health condition and list electrical equipment required: | Expected duration of condition: |
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Based on the patient's illness, please check one of the following options:

- Disconnection of electrical service would be extremely hazardous to the health of the patient because electricity is used to operate equipment that is required for continual life support.
- Disconnection of electrical service for more than a few hours may be a health risk for the patient if no alternative arrangements are made.
- Disconnection of electrical service would be an inconvenience to the patient's health but does not represent a life threatening situation.

I, _____, (M.D., P.A., N.P., A.P.R.N. - *Circle one*) am a licensed Healthcare Provider in the state of _____. I hereby certify the above to be true and accurate to the best of my knowledge.

License No.: _____ Phone: _____

Office Address: _____

Provider Signature: _____ Date: _____

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| Return completed form to: Mail: Santee Cooper Attn: Special Medical Needs Coordinator 305A Gardner Lacy Road, Myrtle Beach, SC 29579 Email: customerassistance@santeecooper.com | For more information: Horry/Georgetown County Area: (843) 347-3399 Berkeley County Area: (843) 761-8000 Fax Number: (843) 347-7938 |
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