



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

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.

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: _____
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Customer Signature: _____	Today's Date: _____
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To be completed by Healthcare Provider

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

Describe health condition and list electrical equipment required:	Expected duration of condition:

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:* _____

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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