

**POLICY NO. 7-15**

**SUBJECT:** Termination of Electric Service in cases of Medical Hardship.

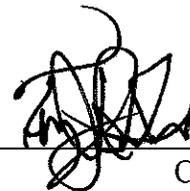
**POLICY:** The System must terminate electric service to customers whose bills remain unpaid. However, the System realizes that disconnection of electric service in cases of medical hardship could cause harm to customers. Therefore, WCMES has put in place the following procedures to allow customers to avoid life-threatening situations by giving additional time for the customer to pay the bill or make other living arrangements in cases of Medical Hardship. **Nothing in this Policy should be construed to relieve the Customer from the obligation to pay all bills and fees incurred for electric service.**

- PROCEDURE:**
1. WCMES recognizes that customers may unexpectedly face termination of electrical service in cases of medical hardship. This policy is put in place to extend the timeframe for termination of service in order for the customer to make arrangements for the person facing the medical hardship.
  2. For the purposes of this Policy, a Medical Hardship is defined as existence of a life-threatening medical condition which would be exacerbated by the termination of electrical service, and result in a possibility of death. The mere use of electrically-powered medical devices to treat a non-life-threatening condition does not qualify as a Medical Hardship.
  3. WCMES has developed a "Certification of Medical Hardship" Form which must be completed by the Customer and a medical professional and submitted to WCMES in order to extend the termination of electric service.
  4. For purposes of this Policy a medical professional is defined as a Licensed Physician or Physician Assistant.
  5. WCMES will verify the validity of the Certification by telephone or fax contact with the office of the medical professional who signed the Certification.
  6. The Certification form will be valid for a period of one year from the date it is received by WCMES.
  7. After receipt of the Certification Form by WCMES, the Customer may request a Medical Extension of up to 14 additional calendar days from the original cut-off date. During this 14 days, the Customer must either pay the full past-due bill amount and any associated fees, or sign an extended payment agreement.

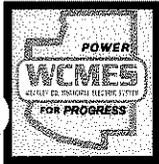
8. WCMES will only grant a Medical Extension three times within the one-year term of the Certification.
9. If no extended payment agreement is signed, and full payment is not received by the end of the 14 days, electrical service may be disconnected without further notice.
10. If the Customer fails to meet the terms of any extended payment agreement, electrical service may be terminated without further notice.
11. A Customer may request a Medical Extension in advance of the cut-off date if the Certification Form has been received and verified by WCMES. No service man will call and no additional fees will be assessed unless service is actually terminated at the end of the Extension, in which case normal disconnect/reconnect fees will apply.
12. If customer has a Certification Form on file and the customer comes due for termination of service, a service man will be sent to the location if no Extension has been requested. If payment is not made in full, a Medical Extension will be granted automatically until the annual maximum of three has been reached.
13. If WCMES first becomes aware of the possibility that a Medical Hardship may exist at the time a serviceman arrives to disconnect service, the customer will be assessed a normal trip fee, but will be given a three-day extension in order to complete and submit a Certification Form. If a valid Certification Form is received during that time, a Medical Extension will be granted for 14 days from the original cut-off date, but not an additional 14 days. If a valid Form is not received during that three days, electrical service may be disconnected without further notice.
14. The customer will be responsible to monitor the expiration date of any Certification Form, obtain additional Certifications as needed, and notify WCMES if the person no longer lives in the household or the medical condition no longer exists.

DATE ADOPTED: 6-29-15

ATTESTED: \_\_\_\_\_



Chairman



# Weakley County Municipal Electric System

P.O. Box 170 • Martin, Tennessee 38237 • (731) 587-9521

(For WCMES office use only)

Customer Name: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Account No: \_\_\_\_\_ Address: \_\_\_\_\_

## Medical Hardship Certification Form

The purpose of this form is to certify that a Medical Hardship exists which would merit an extension of time in which to pay for electric service at the location listed below, before electric service is terminated. **Nothing in this Form should be construed to relieve the Customer from the obligation to pay all bills and fees incurred for electric service.** A Medical Hardship is defined as the existence of a life-threatening medical condition which would be exacerbated by the termination of electrical service, and result in a possibility of death. The mere use of electrically-powered medical devices to treat a non-life-threatening condition does not qualify as a Medical Hardship. This form must be signed only by a Licensed Physician or a Physician Assistant.

(To be completed by Customer)

Customer Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Patient Name: \_\_\_\_\_ Relationship to Customer: \_\_\_\_\_

I understand that submission of this Form may qualify me only for a temporary extension of time to pay my account. **Nothing in this Form should be construed to relieve me from the obligation to pay all bills and fees incurred for electric service.** I certify that the above patient is residing at this location fulltime. I further acknowledge that it is my responsibility during this period to arrange for the transfer of the above patient to another location or make other arrangements in the event payment cannot be made.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(To be completed and signed by Physician or Physician Assistant ONLY)

I am a Licensed Physician or Physician Assistant in the State of Tennessee. I certify that the Patient listed above is under my medical care and treatment at this time. According to my records and to the best of my knowledge, the Patient is currently residing fulltime at the address listed above. I further certify that, in my professional opinion and based upon a reasonable degree of medical certainty, the above named Patient suffers from a life-threatening medical condition which would be exacerbated by the termination of electrical service and result in a possibility of death.

Physician Signature: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_