

RESIDENTIAL MEDICAL DISCOUNT PROGRAM



What is the Residential Medical Discount Program?

Residents who have qualifying medical conditions and are billed under a residential rate schedule may be billed at a lower tier on the rate schedule.

Who qualifies?

You or another full-time resident in your home, must regularly use a life-support device as certified by a physician (see qualifying devices listed below); or if you or another full-time resident in your home has a medical condition, certified by a physician that requires special heating and/or air conditioning needs (see the qualifying conditions listed below). The person qualifying for this discount must be a full time resident of the household.

What life support equipment qualifies for eligibility under this program?

Qualifying life support equipment is any medical device used in the home and medically necessary to sustain life or is relied upon for mobility. The equipment must be plugged in and not battery operated. Examples of life support devices include, but are not limited to:

Iron lungs	Hemodialysis machines
Suction machines	Electric nerve stimulators
Aerosol tents	Electrostatic nebulizers
Concentrators	Ultrasonic nebulizers
Compressors	Pressure pads/pumps
IPPB machines	Apnea Monitor
Respirators	Motorized wheelchairs

- * Devices used for therapy, rather than for life support, do not qualify.
- * Oxygen tanks do not require electricity, unless combined with a nebulizer, and do not qualify.

What medical conditions qualify for special heating and/or air conditioning needs?

Qualifying medical conditions that require special heating and/or air conditioning in order to sustain the person's life or prevent deterioration of the person's medical condition include, but are not limited to: Paraplegic, Quadriplegic, Hemiplegic, and Multiple Sclerosis. Other medical conditions as determined by a physician may also qualify.

Will the Medical Discount be applied to delinquent or past due electric charges?

No. Once the application is approved the Medical Discount will apply to energy use charges from that date forward.

I use a life support device and my spouse is disabled. Do we both qualify for the Medical Discount?

No. The Medical Discount is limited to the primary residence of the customer, with one qualifying resident per individual customer.

How do I apply?

You may request an application by calling (805) 736-1261 or by visiting our website at www.cityoflompop.com. Part A and B of the application must be completed as follows:

Part A: Customer completes

Part B: Customer requests California licensed M.D. /D.O. to complete

Where do I turn in my application?

The completed application must be returned to City of Lompoc (see address on application). Once the application is approved, you will receive a notice confirming that your Medical Discount is in place.

Do I have to renew my application?

The application must be renewed every two years. The City of Lompoc Electric Utility Department will mail you a renewal application at that time.

Do I have to reapply when I move?

Not if you let the Finance Department know that you are a Medical Discount customer at the time you submit your request for change of service. If you do not, your Medical Discount qualification will automatically terminate upon your change of service, and you will be required to reapply.

Important Notice:

Although the City of Lompoc will make every effort to supply uninterrupted service, continuous service cannot be guaranteed. In the event of a power outage, patients requiring life support equipment are responsible for providing their own backup power system. Program participation does not guarantee service on delinquent or past due accounts.

RESIDENTIAL MEDICAL DISCOUNT Program Application



Any incomplete or false information on this application may cause your application to be postponed or denied. Applicants will receive the program discount once the application is approved. No retroactive benefits will be afforded to the customer.

When complete, please mail this application to: **City of Lompoc
ATTN: Billing Dept
100 Civic Center Plaza
Lompoc, CA 93436**

PART A: APPLICANT INFORMATION (To be completed by customer)

1. General Information

_____	_____
Name of Customer (Name on Utility Bill)	Utility Account Number
_____	_____
Service Address	Zip Code

Mailing Address (if different)	

2. Patient Information

_____	_____
Name of person with medical condition	Relationship to Account Holder
_____	_____
Address	Zip Code

Patient's medical condition requires: **(check one)**

Life Support Equipment or Electric Wheelchair
Type of Equipment: _____ Equipment Manufacturer: _____

Nameplate Rating: _____
Electric watts or amperes and voltage

Special heating/air conditioning needs
Resident is: () Parapalegic () Quadriplegic () Hemiplegic () Multiple Sclerosis patient
() Other (determined by physician): _____

Home is heated mainly with () Gas () Electricity

3. Agreement

By signing below, I agree to let the City of Lompoc enter my home at reasonable hours to verify this information. I understand that refusal of access shall be reason for disallowance of the medical discount program. I understand that it is my responsibility to notify the City of Lompoc when the person with special medical needs no longer resides in my home.

I declare under penalty of perjury that the information contained on this application is true and correct.

_____	_____
Customer Signature	Date

Note: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

RESIDENTIAL MEDICAL DISCOUNT Program Application



NOTE TO PHYSICIAN: Please print ALL information legibly. Incomplete or illegible applications will result in a delay in processing.

PART B: PHYSICIAN CERTIFICATION (To be completed by licensed M.D. or D.O.)

Name of patient: _____

The patient medically requires: **(check ONE only)**

- Life Support equipment, used in the home and powered by electricity (see qualifying equipment below)
Type of device: _____

In your opinion is the device listed above required to sustain the life of your patient or relied upon for mobility? ___Yes ___No

Qualifying life support equipment is any medical device used to sustain life or is relied upon for mobility. The equipment must be plugged in and not battery operated. Examples of life support devices include, but are not limited to: Iron lungs, Hemodialysis machines, Suction machines, Electric nerve stimulators, Aerosol tents, Electrostatic and ultrasonic nebulizers, Concentrators, Motorized wheelchairs, Compressors, Pressure pads/pumps, IPPB machines, Apnea Monitor, and Respirators. Oxygen tanks do not need electricity, unless combined with a nebulizer, and will not be considered for the program. **Devices used for therapy, rather than for life support do not qualify.**

- Additional heating and/or cooling (see qualifying medical conditions below)

Patient's medical condition requires additional heating ___Yes ___No

Patient's medical condition requires additional cooling ___Yes ___No

In your opinion is additional heating/cooling required to sustain the life of your patient or prevent deterioration of the patient's medical condition? ___Yes ___No

Qualifying Medical Condition: _____

Qualifying medical conditions that require special heating and/or air conditioning in order to sustain the person's life or prevent deterioration of the person's medical condition include, but are not limited to: Paraplegic, Quadriplegic, Hemiplegic, and Multiple Sclerosis. Other medical conditions as determined by a physician may also qualify.

I hereby certify that the patient regularly requires the use of the life sustaining equipment which is powered by electricity or requires additional heating/cooling, that the above information is accurate, and that I am licensed to practice medicine in the State of California.

Doctor's Name _____ Phone Number _____

Office Address _____

MD/DO Ca. State License or Military License _____

Signature of Doctor* _____ Date _____

*** Signature must be from a MD or DO. Signatures from a FNP or NP are not acceptable.**

**RESIDENTIAL MEDICAL DISCOUNT
Third Party Notification**



**THIRD PARTY NOTIFICATION
(OPTIONAL)**

Customers enrolled in the Residential Medical Discount program may designate a “3RD PARTY” to be notified in case your city utilities (water and electricity) are scheduled for a planned interruption, or are scheduled for disconnection due to non-payment.

The person you designate as your 3RD PARTY is under no obligation to pay your utility bill. The notification will just provide the opportunity for your friend or relative to help you understand the circumstances and avoid being without city utility services. You are still responsible for paying your bill on time. The City of Lompoc is not liable for failure to notify the third party.

Customer Name: _____

Address: _____

Telephone: _____ Account Number: _____

Customer Signature _____ Date _____

Third Party Name: _____

Address: _____

Telephone: _____

Third Party Signature _____ Date _____