CHUGACH
POWERING ALASKA'S FUTURE

Rep's Initials _____ Date _____

MED-ELECTRIC ALERT PROGRAM REGISTRATION FORM

(Please type or print)

Customer's Name _____

Address _____

_____

_____

_____

Telephone Numbers (Home) _____ (Work) _____

The following information is for the electric account and meter serving the medical equipment.

Member Number _____ Account Number _____ Meter Number _____

Service Address _____

Subdivision _____ Lot _____ Block _____

Please provide an alternate contact to be notified if we cannot reach you.

Name _____ Phone number _____

Patient's name _____

Patient's Age _____ Relationship to Chugach customer _____

Patient's medical condition _____

_____

Type of equipment _____

Back-up or alternative systems available _____

Do you wish to be included for possible notification between 11 p.m. and 6 a.m.? Yes ☐ No ☐

Name of physician treating patient: _____

Address and telephone #: _____

I hereby certify that the above information is true and accurate.

_____ **X** _____

(Printed name) **Signature**

CONSENT TO DISCLOSURE

I, _____, authorize the above named physician to confirm the information on this form
(Name of patient or guardian)
concerning _____ for the purpose of registering the equipment described
(name of patient)
hereon with my electric utility's Medical Alert Program.

_____ **X** _____

Date **Signature of patient or parent or guardian**

PHYSICIAN'S CERTIFICATION:

I certify that I am treating the above named patient for the condition described and that the equipment noted on this form could be used by the patient for treatment of this condition.

_____ **X** _____

Date **Signature of Physician**

Med-Electric Alert Program Chugach Electric Association, Inc. P.O. Box 196300 Anchorage, AK 99519-6300	Daytime Phone 563-7494 or 1-800-478-7494 After Hours Phone 762-7890 or 1-800-478-8560

This form is for information only and is not to be construed as an obligation to serve on the part of Chugach Electric Association. Chugach cannot guarantee uninterrupted electrical service. **Persons who rely upon electrically powered medical equipment should have a backup power supply.**