



## Life Sustaining Equipment Terms and Conditions

Omaha Public Power District (OPPD) maintains a customer list of those registered with medically essential equipment. We will make effort to work with customers to avoid interrupting your service, however, emergency conditions beyond our control could result in your power being interrupted. If special circumstances exist in your home that make the loss of electricity critical, we will attempt to contact you prior to service being interrupted.

This form only needs to be completed by individuals with medically essential equipment. There is no need to complete the form unless this condition exists. The term "medically essential" means the medical dependence on electric-powered equipment that must be operated continuously or as circumstances require as specified by a physician to avoid the loss of life or immediate hospitalization of the customer or another permanent resident at the residential service address.

For medical issues identified by your medical professional to be "life-long" conditions, the form will need to be filled out and resubmitted every four years. For other conditions, the form must be filled out and resubmitted every two years. A reminder communication will be sent out at least 60 days prior to the expiration of the current form.

If applicable, please complete the customer information and have your physician finish the bottom portion and return it directly to OPPD as soon as possible. The completed and signed form must be returned directly to us by the physician. The fully completed form should be emailed to [LSE@OPPD.com](mailto:LSE@OPPD.com).

OPPD cannot guarantee that your service will not be interrupted without prior notification. For any type of outage, it is imperative that you have medical backup equipment and procedures in place to accommodate your medical needs during power interruptions. Enrollment in this program does not result in prioritized restoration. It is your responsibility to make appropriate arrangements in an emergency. It is highly recommended you also alert a friend, family member or neighbor that you require electricity to maintain medically essential equipment.

Enrollment in the program will not prevent disconnection for non-payment. OPPD will provide an additional proactive communication for enrolled customers when their account is pending disconnection for non-payment. It is the customers responsibility to monitor their account and communicate in advance or respond to the proactive communication and establish arrangements as needed.

Please be advised that OPPD provides a variety of plans and resources to help with utility bills and get you the assistance you need. Find the best solution for your situation by visiting [OPPD.com/EAP](http://OPPD.com/EAP), for options such as the OPPD Energy Assistance Program, Payment Installment Plans and more.

If conditions arise in the future, a form may be obtained at [OPPD.com/LSE](http://OPPD.com/LSE). If you have questions or concerns, please call OPPD at 402-536-4131 or 877-536-4131.



## Medically Necessary Equipment Certification Form

Entire form must be completed before submitting to be valid

Date: \_\_\_\_\_

### Part A: Certificate Information

OPPD Customer of Record: \_\_\_\_\_ OPPD Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Release (to be completed by resident requiring life-sustaining medical equipment or his/her legal guardian):**

I, \_\_\_\_\_, resident \_\_\_\_\_ or legal guardian \_\_\_\_\_ (check one), hereby grant my consent to the below-named licensed physician, physician's assistant or nurse practitioner to release to Omaha Public Power District such information as noted below, plus any supplemental information as may be needed by Omaha Public Power District.

I have read and agree to the Terms and Conditions:

Signature of Customer or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**The Medically Necessary Equipment Form will not be valid unless signed by a Nebraska or Iowa licensed Physician, Physician Assistant or Nurse Practitioner. Any medical professional signing this form must note their license number on this form in the section below.**

### Part B: Patient Information (To be completed by Physician, Physician's Assistant or Nurse Practitioner)

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*The patient must be a permanent resident at the above service address. Are they a permanent resident at the above service address? Yes: \_\_\_\_\_*

The term "medically essential" means the medical dependence on electric-powered equipment that must be operated continuously or as circumstances require as specified by a physician to avoid the loss of life or immediate hospitalization of the customer or another permanent resident at the residential service address.

Does the medical condition require medically essential equipment? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is the medical equipment need considered "life-long"? Yes: \_\_\_\_\_

### Part B: Physician, Physician Assistant or Nurse Practitioner's Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ License Number: \_\_\_\_\_

Physician, Physician Assistant or Nurse Practitioner's Signature

(No stamped signatures)

If you have questions regarding this form, please call the Customer Service Department of OPPD at 402-536-4131 or 877-536-4131.

**Please email completed form to: [LSE@OPPD.COM](mailto:LSE@OPPD.COM)**