Medical Alert List

To be completed by the Member:

Account Number		
Member Name (Account Holder)		
Service Location		
Billing Address *(If different from service location)*		
City	**State**	**Zip**
Email Address		
Name of Individual with Medical Condition		
Relationship to Member (Account Holder)		
***Phone Numbers ( )**	**( )**	**( )**
I understand that the Medical Alert List is not a guarantee of power delivery, nor is it a guarantee of any priority in power restoration. There are numerous factors in power delivery and power restoration that may be beyond the control of Dixie Electric. Members must recognize that it is their responsibility to provide an alternate power source in the event of a power outage. The signature below certifies that this is understood by the member/account holder. The signature below also certifies that the member/account holder understands that the medical alert list does not guarantee continued service if, in the Association's opinion, payment has not been made in a reasonable amount of time.		
Signature of Member		**Date**

***Updated phone numbers are extremely important**. These will be listed on the account and will be used to recognize the service address if someone in the household calls to report an outage.*

To be completed by the Licensed Physician:

By my signature given below, I certify that my records indicate that _____ who is currently under my care, resides in the above referenced household. I further certify that the discontinuance of electric service due to non-payment to this household could create a life threatening situation for the above named individual(s).	
Type of medical equipment required by patient:	
Physician's Signature	**Date**
Physician's License No.	
Print Name	**Phone Number ( )**

Please return this form to Pollyanna Magee at Dixie Electric Power Association by fax at (601) 399-5255 or by mail at P.O. Box 88, Laurel, MS 39441-0088.

Dixie Electric is an equal opportunity provider and employer.