

SPECIAL NEEDS CUSTOMER REGISTRATION & CERTIFICATION

To be completed by Account Holder

Account Name: _____	Account Number: _____
Service Address: _____	
Mailing Address: (if different) _____	
Home Phone: _____	Cell Phone: _____
Email Address: _____	

To qualify for the Special Needs Customer Program, you or a member of the same household must be chronically ill and/or on some sort of life support device. Acceptance into this program will allow Santee Cooper to handle your account with special care; however, in the event of nonpayment of your bills, your account will be subject to Santee Cooper's disconnection rules. Special Needs customers will need to recertify medical status every year.

I agree to the terms of the Special Needs Customer Program.

Customer Signature: _____

Date: _____

Third Party Notification: This allows a third party to be notified when service is scheduled for disconnection. The Third Party is not responsible for payment of the customer's bill.

Would you like to participate in the Third Party Notification program? <input type="checkbox"/> No <input type="checkbox"/> Yes →	Third Party Name: _____ Address: _____ Home Phone: _____ Cell Phone: _____
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To be completed by Healthcare Provider

Patient Name: _____	Patient's Date of Birth: _____
Patient/Guardian Signature: _____	Today's Date: _____

Please identify and describe the condition that qualifies the patient for this Special Needs Program:

Chronically ill On Life Support Other:

Describe health condition:	Expected duration of condition:
List electric equipment required:	Hours per day used:

Is the customer: Ambulatory? <input type="checkbox"/> Yes <input type="checkbox"/> No Able to leave home unassisted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the customer have a back up system? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how long is it good for: _____
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Based on the patient's illness, please check one of the following options:

- Disconnection of electrical service would be extremely hazardous to the health of the patient because electricity is used to operate equipment that is required for continual life support.
- Disconnection of electrical service for more than a few hours may be a health risk for the patient if no alternative arrangements are made.
- Disconnection of electrical service would be an inconvenience to the patient's health but does not represent a life threatening situation.

I, _____, (M.D., P.A., N.P., A.P.R.N. - *Circle one*) am a licensed Healthcare Provider in the State of _____. I hereby certify the above to be true and accurate to the best of my knowledge.

License No.: _____ Phone: _____

Address: _____

Signature: _____

Date: _____

Please return completed form to: Santee Cooper Special Needs Coordinator 305A Garnder Lacy Road Myrtle Beach SC 29579-7248	For information contact: Horry/Georgetown County Area: (843) 347-3399 Berkeley County Area: (843) 761-8000
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