



## **City of Lodi Electric Utility**

*Large Enough to Meet Your Needs, Small Enough to Care*

# **Residential Medical Discount Program Application**

Lodi Electric Utility

Phone: (209) 333-6762

Office: 1331 S Ham Lane, Lodi

Website: [www.lodielectric.com](http://www.lodielectric.com)

# Residential Medical Discount Program Guidelines

## Program Discount

A 25% discount on qualifying monthly electric charges will be available to residents who have a qualifying medical condition.

## Qualifiers

Any full-time resident in the home that has a physician certified medical condition that requires regular use of life support equipment, or has a condition that requires special heating and/or air conditioning needs. The person qualifying for this discount must be a full time resident of the household.

## Life Support Equipment

Qualifying life support equipment is defined as any medical device that is used in the home and is medically necessary to sustain life and/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:

Apnea Monitor  
Compressors

Motorized Wheelchairs  
Respirators

Concentrators  
Nebulizers

\* Devices used for therapy, rather than for life support, do not qualify.

\* Oxygen tanks alone do not qualify for a medical discount.

## 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: Paraplegic, Quadriplegic, Hemiplegic, and Multiple Sclerosis. Other medical conditions as determined by a physician may also qualify and will be considered on a case by case basis.

## Implementation

The medical discount is not retro-active. Once the application is approved it will be applied to the next month's qualifying electric bill charges and will continue forward.

## More Than One Qualifier

The Medical Discount is limited to the primary residence of the customer, with one qualifying resident per address.

## How to Apply

You may request an application by calling (209) 333-6762 or by visiting our website at [www.lodielectric.com](http://www.lodielectric.com).

**The application must contain original signatures. Copies or faxed/emailed applications will not be accepted.**

## Application Submittal

The completed application must be returned to City of Lodi Electric Utility (see address on application). **Faxed/emailed applications cannot be accepted.** If the application is approved, you will receive a notice confirming that your Medical Discount is in place.

## Recertification

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

## Address Change

If you inform the Finance Department that you are a Medical Discount customer at the time you submit your request for change of service, the discount will follow you to your new address. Should you fail to inform the Finance Department that you are a Medical Discount Customer, the discount will terminate and you will need to re-apply.

## Important Notice:

**Although the City of Lodi 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. If your utility account becomes past due, the electric service is subject to disconnection. It is your responsibility to contact the City of Lodi Finance Department at (209) 333-6717 to discuss payment arrangements prior to the final due date, as indicated in the Reminder Notice.**



# City of Lodi Residential Medical Discount

New Application

Recertification

## CUSTOMER INFORMATION

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Service Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City of Lodi Utility Account Number

## MAILING ADDRESS

\_\_\_\_\_  
Mailing Address (if different from above)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

## PATIENT INFORMATION

\_\_\_\_\_  
Patient's Name

## DECLARATION AND SIGNATURE (ORIGINAL SIGNATURE REQUIRED. NO COPIES OR FAXES)

Lodi Electric makes every effort to inform customers prior to outages for scheduled, planned maintenance. Unplanned maintenance and outages are uncommon in Lodi Electric's service area; however, it is advisable to have an emergency plan in place for your health needs in the event we are unable to notify you of pending disruptions to your service. If an outage is causing a life threatening emergency, call 911 immediately.

I understand that if I become past due on my utility bill, my electric service is subject to disconnection. I understand that it is my responsibility to contact the City of Lodi Finance Department at (209) 333-6717 to discuss payment arrangements prior to the final due date, as indicated in the Reminder Notice.

I understand this is a two (2) year program and I will be required to re-certify to continue receiving the discount.

I have read and understand the foregoing, including the Residential Medical Discount Guidelines, and certify that the information on this application is true and correct.

### How to Apply

1. Enter customer info and mailing address
2. Enter Patient's name. This will be the individual that qualifies for the Residential Medical Discount rate.
3. Account holder sign and date page 1 of the application.
4. Licensed health care professional must complete and sign page 2 of the application.
5. Mail completed application to:

**Lodi Electric Utility  
Attn: Medical Discount  
1331 S Ham Lane  
Lodi CA 95242**

**www.lodielectric.com**

**(209) 333-6762**

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

# To be completed by a Qualified Health Care Professional

To be completed by a Doctor of Medicine, Doctor of Osteopathy, Physician's Assistant or Nurse Practitioner

## STEP 1

\_\_\_\_\_  
Patient's Name

## STEP 2

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. **Devices used for therapy, rather than for life support do not qualify.**

Yes

No

\_\_\_\_\_  
Device

## STEP 3

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.

Yes

No

Additional Heating

Additional Cooling

## STEP 4 — (ORIGINAL SIGNATURE REQUIRED. NO COPIES OR FAXES)

\_\_\_\_\_  
License #

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Qualified Health Professional Signature

\_\_\_\_\_  
Date

## CITY OF LODI ELECTRIC UTILITY USE ONLY

Version 6/2018

Approved

Denied

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date