

Application for Critical Care Residential Customer Status

IMPORTANT INFORMATION

- This Application must be completed in order to obtain the designation of Critical Care Status by Direct Energy Regulated Services.
- This Application will not be processed and approved if incomplete, unreadable, or improperly submitted. All information is required, unless otherwise indicated.
- For questions about this Application, please call Direct Energy Regulated Services at 1-866-420-3174 Monday through Friday 7:00 a.m. to 9:00 p.m. or Saturday from 8:00 a.m. to 4:30 p.m.
- Submission of this application does not automatically result in a Critical Care Status. Notification of the status granted will be provided to the customer at the mailing address provided.
- Designation as a Critical Care residential customer does not relieve a customer of the obligation to pay for service.
- Critical Care Status does not guarantee an uninterrupted, regular, or continuous supply of service.
- This application is only valid for two years from the date it is received. A new application must be completed after two years.

INSTRUCTIONS

Customer: Complete PAGE 2 of this application, and provide form to patient's physician for completion.

Physician: Complete PAGE 3 of this application.

Please send only PAGES 2 and 3 to Direct Energy Regulated Services by:

FAX: 1-877-420-3777 or

Email: regulated@directenergy.ca

Alternatively, you can mail forms to:

Direct Energy Regulated Services

PO BOX 1520 STN M

CALGARY AB T2P 5R6

PAGE 2 – To Be Completed by the Customer

PAGE 2 – To Be Completed by the Customer		
Customer Name: (Name on account)		
Patient Name: (Name of Patient, who is living permanently at the Service Address, and who needs critical care status. The Patient may be the same person as the Customer.)		
Service Address (found on your invoice)		
City:	Prov:	Postal Code:
Mailing Address (if different than Service Address)		
City:	Prov:	Postal Code:
Electric Site ID (found on your electric bill)		
Customer Primary Phone:	Customer Alternate Phone: (if any)	

Emergency (Secondary) Contact Information Include an emergency contact name or insert "I choose not to provide an emergency contact name".		
Name of Emergency Contact:		
Mailing Address:		
City:	Prov:	Postal Code:
Phone:	Alternate Phone: (if any)	

Customer:

I have read and understand the information and certify that the information provided on this Application is correct. I understand the information may also be used to determine whether I am eligible for additional notices and other protections relating to my electric service avCiv this Appl's mer c service avCiv this n

PAGE 3 – To Be Completed by the Patient's Physician

FROM PAGE 2
Patient Name:
Customer Name:
Mailing Address:
PART 2: ALL INFORMATION IS REQUIRED

Option #1	YES	NO
1) The patient is dependent upon an electric-powered medical device to sustain life.		

-AND/OR-

Option #2	YES	NO
2) The patient has a serious medical condition that requires an electric-powered medical device or electric heating or cooling to prevent impairment of a major life function through a significant deterioration or exacerbation of the person's medical condition.		
a) If yes to # 2 above, has the above medical condition been diagnosed as a life-long condition?		

Physician Name: (printed)	
Medical Board License Number:	
Phone:	Fax:
Physician Signature:	Date:

Please send the signed application to:
 Direct Energy Regulated Services by: Fax: 1-877-420-3777 or
 Email: regulated@directenergy.ca