

Part B

This form is to be completed and signed by your medical practitioner to confirm that you have a serious medical condition and are dependent on electricity for critical medical support. You will then be placed on Frank Energy's Medical Dependency Register. Please note that we are unable to guarantee a 24 hours continuous supply of energy/ Please ensure you have a back-up plan in place in case of a power outage.

If you have any questions about this form, please call out Customer Service Team on **0800 086 400**.

Section 1 (To be completed by patient or patient's parent or guardian or authorised representative)

Account Holder's Details

Customer name
Customer number

Patient's Details

Patient's name		
Patient's contact phone number(s)		
Home	Work	Mobile
0 <input type="text"/>	0 <input type="text"/>	0 <input type="text"/>
No. and street address		
Suburb/Town	City/Province	Postcode

I confirm that my medical practitioner is authorised to discuss the following with Frank Energy:

1. Details of my medical condition, if applicable, or
2. Details of the medical condition of the medically dependent person referred to above and I confirm that I am authorised to act on behalf of that person.

I consent to the information on this form and any information on the future status of my dependence (or that of the person referred to above) on the medical equipment, to be shared by the health practitioner and Frank Energy.

Patient signature	Date	/	/
and/or			
Patient's parent/Guardian or Authorised representative			
Relationship to patient	Date	/	/

Part C**No Medical Dependency required**

Fill out this form to advise us that your status has changed and you are no longer Medically Dependent.

Then cut this page off this form and send it to Frank Energy so we can update our records.

Customer declaration:

There is not/no longer a medical dependency status required for the customer or any person living at this property.

Customer name

Customer number

I have read and considered all the information I have received, regarding the requirements for electricity for critical medical support.

I wish to advise that I no longer regard myself or anyone in my household Medically Dependent on a continued supply of electricity for critical medical support.

I wish the Medically Dependent status to be removed from my energy account.

Name

No. and street address

Suburb/Town

City/Province

Postcode

Contact telephone number

Signature

Date / /

Section 2 (To be completed by medical practitioner)

Medical Practitioner's Details

Medical practitioner name

Designation (for example, GP or Specialist)

Medical practice centre (for example, surgery or health centre)

Contact telephone numbers

Email address

Section 3 (Confirmation that electricity is required)

This section must be completed by a registered doctor to confirm that the patient has a serious medical condition and is dependent on electricity for critical medical support.

Please take into consideration the definition highlighted below of medical dependency as per the Electricity Authority's Guideline on arrangements to assist the medically dependent consumers.

"A Medical Dependent Consumer is a person who is dependent on mains electricity for critical medical support and loss of electricity may result in loss of life or serious harm."

"Critical Electrical Medical Equipment (CEME) is defined as any equipment supplied or prescribed by a District Health Board, private hospital or General Practitioner, which requires mains electricity to provide Critical Medical Support to a person, and includes other electrical equipment needed to support either the CEME or the treatment regime (e.g. a microwave to heat fluids for renal dialysis)."

Description of medical condition

Type of equipment requiring a continuous supply of electricity

Duration of which equipment will be required (tick)

Permanently requires equipment

Temporarily requires equipment until (specify date) Date / /

I _____ (Medical Practitioner)

certify that _____ (patient's)

has a serious medical condition and is dependent on a continuous supply of power for Critical Electrical Medical Equipment.

Signed

Date / /

Official stamp

Please complete Section 4 if customer is not medically dependent.

Section 4 (Confirmation that electricity is not required)

General Practitioner/District Health Board/Private Hospital declaration to advise that there is not a Medical Dependency status required for the customer or the person named on the Notice of Potential Medically Dependent Status form.

At the present time, I do not consider that

_____ (name of potential medically dependent person)

is dependent on a continued supply of electricity (as above) for Critical Medical Support.

Signed

Date / /

Official stamp

**Please return this by mail to: Frank Energy,
Private Bag 3131, Waikato Mail Centre, Hamilton 3240
Telephone 0800 086 400 • frankenergy.co.nz
Fax 09 539 4633**

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