Direct Energy Regulated Services®

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 during normal business hours.
- 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, and service may be disconnected for failure to pay.
- 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: DERS_Inquiries@directenergy.com

Alternatively, you can mail forms to:

Direct Energy Regulated Services
P.O. Box 1520, Station M
Calgary, AB T2P 5R6

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PAGE 2 – To Be Completed by the Customer

PART 1: ALL INFORMATION IS REQUIRED

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: **State:** **ZIP:**

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 available under Commission/Direct Energy Regulated Services rules and may be used to provide notices relating to my services to the Emergency Contact.

Signature: **Date:**

Patient/ Patient's Guardian, Parent, or Managing Conservator:
I have read and understand the information and certify that the information provided in this application about me (or the patient) is correct. I agree to the release of the information on this form concerning my (or the patient's) medical condition for the purposes stated on this application.

Signature: **Date:**

(Signature required, even if same person as Customer)

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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: DERS_Inquiries@directenergy.com

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