



Medically Essential Electric Service Certification Form

In order for JEA to determine whether a Customer is eligible for a Medically Essential Electric Service designation, the Customer and Patient or Guardian (if other than the Customer) must complete and sign Part A. The Patient's physician or licensed medical professional must complete Part B. Please return the original, completed and signed forms (both Part A and Part B) to JEA at the following address:

JEA Customer Care Advocacy and Resolution Team
225 North Pearl Street, Floor 3
Jacksonville, FL 32202

PART A – CUSTOMER APPLICATION TO ESTABLISH MEDICALLY ESSENTIAL ELECTRIC SERVICE To be completed by the Customer and Patient (if different from the customer)	
JEA Account Number:	Customer Name:
Service Address:	
City:	ZIP Code:
Daytime Phone Number with Area Code:	
Person Using the Equipment:	Patient's Physician/Licensed Medical Professional:

To the best of my knowledge and belief, the Patient identified above is medically dependent on electric-powered equipment that must be operated continuously or as circumstances require as specified by the Patient's physician to avoid the loss of life or immediate hospitalization. The Patient is a permanent resident at the Service Address identified above. I agree to notify JEA when this equipment is no longer in use. I understand that JEA does not guarantee uninterrupted service or assign a priority status to my account for service restoration during outages. I understand that I must be prepared with backup medical equipment and/or power and a planned course of action in the event of outages. I agree that JEA, upon request of federal, state, or local governmental authorities whose duties or functions include emergency response or disaster relief or prevention, or private entities authorized by congressional charter to assist in disaster relief efforts, may disclose to such requesting entity the following Medically Essential Electric Service information: the Medically Essential Electric Service Customer name and service address. However, I also understand that JEA may not receive any such requests for this Medically Essential Electric Service information and that JEA has no obligation to release this Medically Essential Electric Service information to any such entity. I agree to hold JEA harmless from any claim based on or related to the disclosure of my information by or to JEA, or any failure of JEA to disclose the Medically Essential Electric Service information whether advertent or inadvertent and whether or not the Medically Essential Electric Service information was requested.

Customer's Signature:	Date:
Patient's or Guardian's Signature (if other than the Customer):	Date:

WARNING – PART A – CUSTOMER APPLICATION: Knowingly making a false or misleading statement in completing the Customer Application could result in the denial or termination of the medically essential electric service certification.



PART B – LICENSED MEDICAL PROFESSIONAL’S CERTIFICATION

To be Completed by the Physician or Advanced Registered Nurse Practitioner (ARNP)	
Physician/ARNP Name:	
Physician/ARNP Address:	
City:	ZIP Code:
Physician/ARNP Area Code & Phone Number:	
Person Using the Equipment:	

I, _____ (Physician/Advanced Registered Nurse Practitioner’s name),
duly licensed and authorized to practice medicine in the State of Florida, hereby certify that

_____ (Patient’s name) who resides at _____

(Patient’s place of residence) is under my care, has been seen by and/or has consulted with me within the past 12 months, and depends upon electric-powered equipment that must be operated continuously or as circumstances require as specified below in order to avoid loss of his/her life or serious medical complications requiring his/her immediate hospitalization. The medically essential equipment upon which this patient relies is described as follows:

Physician/ARNP’s Signature:	Date:
Medical Professional’s License Number (Enter License Prefix & Number i.e., ME99999 or ME0699999):	
Patient’s or Guardian’s Name:	
WARNING – PART B – PHYSICIAN’S CERTIFICATE: False certification of medically essential electric service by a physician is a violation of F.S.S. 458.331(1)(h) or F.S.S. 459.015(1)(i) and constitutes grounds for discipline, penalties, and/or enforcement.	

Unless otherwise noted above, this certificate shall be deemed valid for 24 months from the date the certificate is accepted by JEA for purposes of determining that a customer qualifies as a Medically Essential Electric Service Customer within the meaning of JEA’s Standard Operating Procedure, or that such designation should be renewed. JEA reserves the right to verify the accuracy of the information provided on this Medical Professional’s Certificate.