

Medical Dependency Form

This form is to be completed **by the account holder and a medical practitioner** to confirm that a patient has a serious medical dependency and is dependent on electricity for critical medical support. Upon confirmation of a medical dependency, the patient will be placed on Pulse Energy's Medical Dependency Register.

In the event that this patient has difficulty in paying their energy bills Pulse Energy will ensure their power is not disconnected. **Alternative payment options will be discussed with the account holder, The Ministry of Social Development, or an authorised person.**

Account Holder Details		
Pulse Energy Account Holder Details	Full Name:	
	Consumer Number:	
Patient Name		
Patient Address		
Patient Contact Details	Work Ph:	Mobile Ph:
	E-mail:	

In the event that Pulse Energy is unable to contact the account holder and/or patient (if different) to discuss this medical dependency, please provide an alternative emergency contact.

Emergency Contact Details		
Emergency Contact Name		
Emergency Contact Address		
Emergency Contact Details	Home Ph:	Mobile Ph:
	Work Ph:	Other Ph:

I confirm that Pulse Energy is authorised to:

- 1) Discuss the details of my medical condition; and if applicable
- 2) Discuss those details with the registered medical practitioner listed below to confirm the need for power to remain connected at my address. Information may also be passed on to my electricity lines company.
- 3) Discuss the details of the medical condition and my account details with the emergency contact listed above, and confirm the emergency contact is authorised to speak on my behalf on this account.
- 4) Discuss the account with The Ministry of Social Development if overdue amounts are incurred on the account and arrangements have failed to be made or kept.

Signed (Patient) _____

Date: _____

Signed (Account Holder)¹ _____

Date: _____

¹ Only required where the patient is not the Account Holder. This must be the person named as "Account Holder" in Account Holder Details above.

Medical Practitioner Details	
Medical Practitioner	
Designation (General Practitioner, Specialist)	
Contact Details	Work Ph: _____ Mobile Ph: _____
	E-mail: _____
	Postal Address: _____

Medical Condition Details	
Medical Condition(s) ² :	
Type of critical medical equipment ³ requiring a continuous supply of electricity	
<p>² The medical condition(s) must require critical medical support. Critical medical support is defined as support which, in the opinion of a DHB, private hospital or GP, is required to prevent loss of life or serious harm.</p> <p>³ Critical medical equipment is defined as any equipment supplied or prescribed by a DHB, private hospital or GP, which requires mains electricity to provide critical medical support to a person, and includes other electrical equipment needed to support either the critical medical equipment or the treatment regime.</p>	
Duration for which equipment will be required:	<input type="checkbox"/> Permanently require equipment <input type="checkbox"/> Temporarily require equipment Reference Number: _____ Expiry date: _____
<p>I _____ (Medical Practitioner) state that _____ (patient) has a serious medical condition and needs electricity supplied for medical reasons.</p> <p>Signed: _____ Date: _____</p>	

<p>If you wish to add additional notes or information, please attach to this form or write details below.</p> <p style="text-align: center;"><i>(optional)</i></p>

Please post a copy of this completed form to Pulse Energy, PO Box 10044, Dominion Road, Auckland 1446