SANTEE ELECTRIC COOPERATIVE, INC. – SC 28

STANDARD OPERATING PROCEDURES POLICY NO. 503

SUBJECT: MEMBERS WITH MEDICAL NECESSITIES

I. OBJECTIVE:

To establish procedures for dealing with SEC members with documented medical necessities and, furthermore, to establish procedures for the actual documentation of such necessities.

II. POLICY CONTENT:

Members with documented medical necessities will be given certain considerations as follows:

A. Documentation of Medical Necessities

In order to be given consideration under SEC’s Medical Necessities Policy, a member must have a current and properly completed certification on file with the Cooperative. A copy of this certification form is included with and made part of this policy.

B. Concerning Disconnection of Service for Nonpayment

Whenever a member meeting the aforementioned requirements to qualify as a “member with documented medical necessities” would otherwise be disconnected for nonpayment, that member will instead be given additional notification (a door hanger or phone call). The cooperative must be able to document this notification attempt with either a service order (in the case of a trip to the residence) or the cooperative’s call log. Disconnection for nonpayment will not occur until at least seventy-two (72) hours has passed from the time of this additional notification attempt.

C. Concerning Outage Restoration

It is crucial to understand that SEC’s outage restoration procedures will always focus on restoring power to the most members in the quickest manner possible. During any outage, restoration of substations, feeders, and larger taps is always considered before individual consumers.

However, once outage restoration has progressed to the individual consumer level, then – and only then – medical necessities will be taken into consideration. For example, if three members (one with medical necessities documented under this policy and two without) each has an outage involving their individual services AND if any one of the three can be restored in roughly the same amount of time as
another, then the member with the documented medical necessity will be given first priority.

D. Disclaimer

Any document regarding the Cooperative’s medical necessities policy and procedures should include a disclaimer with language similar to the following:

*Qualification under SEC’s medical necessities policy does not guarantee that your electric service will be restored before others. Furthermore, qualification under this policy is also not a method of avoiding disconnection for nonpayment. It is simply a means of assisting SEC in knowing where members with critical needs are located on our system. As always, in the case of potential interruption of service, it is the member’s responsibility to take proper precautions.*

III. RESPONSIBILITY:

The President and Chief Executive Officer is responsible for administering this policy and shall be responsible for formulating recommended changes in the policy.

DATE ADOPTED: November 22, 2016 ATTESTED: _____________________

Secretary
Medical Necessity Account – Member Certification

Member Name _____________________________________________________________

Member Address __________________________________________________________

_________________________________________________________________________

Patient Name ______________________________________________________________

Member Telephone Number __________________________________________________

Member’s Account Number __________________________________________________

I hereby certify that interruption of residential electric service to the above-referenced member of Santee Electric Cooperative, Inc. would be dangerous to the health of the member or a person residing in the member’s household at the premises to which electric service is rendered.

Physician’s Signature _________________________________________________________

Physician’s Name (Please Print) ________________________________________________

Physician’s Address __________________________________________________________

___________________________________________________________________________

Physician’s Telephone Number _________________________________________________

I understand that this certification will need to be updated every year.

Member’s Signature __________________________________________________________

Today’s Date _______________________________________________________________

Note: This form is intended to assist Santee Electric Co-op in knowing where members with critical needs are located on our system. This form does not guarantee your power will be restored before others as there is a system required to restore electricity and certain areas may sustain more damage than others. When dangerous weather approaches, you are asked to take proper precautions to ensure your safety.