

## APPLICATION FOR MEDICAL ALERT CONSIDERATION STATUS

Please attach certified Physicians note as well as Equipment Supplier's note to Medical Alert Form

Medical Alert does not relinquish you from paying your account on time, nor does it make you exempt from the delinquency disconnection process. Please make "back-up" arrangements in case of electric outage.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Customer's Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Customer's Address (Street, City, State, Zip)

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Patient's Phone Number

\_\_\_\_\_  
Provider of Life Support Equipment

\_\_\_\_\_  
Type of Life Support Equipment

\_\_\_\_\_  
Provider's Address (Street, City, State, Zip)

\_\_\_\_\_  
Provider's Phone Number

\_\_\_\_\_  
Name of Physician

\_\_\_\_\_  
Physician's Address (Street, City, State, Zip)

Please indicate if prior medical consideration status is no longer needed. Thank you.

\_\_\_\_\_  
Customer's Signature needed if no longer on medical

\_\_\_\_\_  
Date

### FOR CUSTOMER SERVICE USE ONLY:

Approved

Denied

\_\_\_\_\_  
Effective (Month/Year)