

## **Life-Sustaining Medical Equipment**

Dear Customer:

We have received information that life-sustaining medical equipment may be in use in your residence. Before we code your residence as having life-sustaining medical equipment, we want to give you some information and request some information.

We want to be sure that:

- You understand what we can and cannot do;
- You know your responsibilities; and
- We have the correct information about your account.

Please follow these steps. Read this letter. When you finish, detach the bottom part, fill in the blanks and sign your name. Complete the top part of the Physician's Authorization form and ask your physician to complete the rest of the form. Then, send both forms to us.

City of Social Circle  
P. O. Box 310  
Social Circle, GA 30025  
Attn: Assistant City Clerk

### **What the City of Social Circle can and cannot do:**

#### **We can:**

- \*Make sure that your account shows that life-sustaining medical equipment is at your residence,
- \*Mark your meter so your water and gas are not cut off in error if it is necessary for the life-sustaining equipment to operate,
- \*Ensure that you are notified before service is disconnected.

#### **We cannot:**

- \*Guarantee that your gas and water service will always be on.

#### **Your responsibilities:**

- \*Provide to us the requested information, including the physician's authorization form,
- \*Have an emergency plan, including a source of back-up power, spare water or transportation to a hospital or other medical facility,
- \*Pay your bill – and, if you cannot, call and let us know.

Service cannot be continued past thirty days of due date without payment under any circumstances. Should your account be late by more than fifteen days, you will be notified about the past due account and notified that you must make other arrangements for housing, since the services at this address will be disconnected.

**Physician's Authorization Form**  
Life-Sustaining Medical Equipment Information  
**To be updated annually for verification from Physician**  
**Please print clearly**

**Customer / Patient Section**

Patient's  
Full Name \_\_\_\_\_  
Patient's  
Address \_\_\_\_\_  
Street # Street name Apartment #  
\_\_\_\_\_  
City State Zip Phone #

I authorize my Physician, \_\_\_\_\_, to provide the City of Social Circle the information about my medical condition, which appears below for the purpose of establishing the presence of life-sustaining medical equipment at my residence which is dependent on water and/or gas service.

\_\_\_\_\_  
Patient's signature Date

**Physician Section**

Physician's Full Name \_\_\_\_\_  
Office  
Address \_\_\_\_\_  
Street # Street name Suite #  
\_\_\_\_\_  
City State Zip Phone #

In my medical opinion, the life of my patient, \_\_\_\_\_, depends upon the use of the following life-sustaining medical equipment,

\_\_\_\_\_  
My patient will need to use this life-sustaining equipment for an approximate duration of \_\_\_\_\_.

It is understood that the City of Social Circle provides water and gas service only, and that one or more of these services is essential to the health of this patient.

\_\_\_\_\_  
Physician's signature Date