



(520) 623-7711

Fax: (520) 545-1401

Email: MedAlert@tep.com

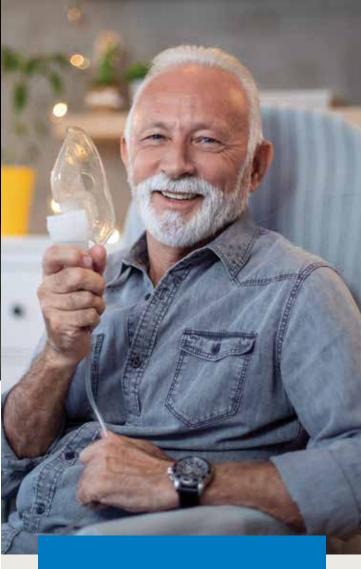
Monday through Friday 7 a.m. to 6 p.m.

¿Necesita esta información en español?

Por favor, llame al (520) 623-7711

tep.com





MEDICAL DEVICE ALERT





Keeping you informed

If you or someone in your household uses a lifesustaining medical device or has a medical condition requiring continuous electric service, power outages can understandably cause real concern for you and your family.

Our Medical Device Alert program helps to keep you informed about service interruptions, their status and the estimated time of restoration. We also will notify you in advance of any planned electric outages affecting your residence.

How it works

When you return a completed certification by a licensed health care provider, Tucson Electric Power (TEP) will place an alert on your account that someone in your household uses a life-sustaining medical device or has a medical condition requiring continuous electric service. This helps us identify your service address and proactively communicate outage information to you to keep you updated.

To have an alert placed on your account, please complete the Customer Authorization Form and have your licensed health care provider complete the Licensed Medical Practitioner Certification Form. Attach the form to the provider's letterhead

or prescription form and mail it to:

Tucson Electric Power

Attn: Medical Device Alert Program PO Box 711 CEC 200 Tucson, AZ 85702

Please note that the Medical Device Alert program is not a low-income or discount program and does not guarantee uninterrupted service. Customers must remain current on their account by paying their monthly bills.

Customer Authorization Form

I authorize TEP to contact any sources necessary to establish the accuracy of information provided here or to obtain additional information pertaining to my eligibility to have an alert placed on my account. I further understand if I move, I must submit a new Licensed Medical Practitioner Certification Form that must be approved before the alert will be placed on the account for my new address.

I further authorize TEP to provide my contact and account information (which includes usage, billing and past due balance information) to organizations that provide bill payment assistance to customers.

By completing and submitting this form, I am voluntarily providing the personal information required to establish eligibility for this program. TEP uses this information only for the purpose of administering this program. For more information about how TEP collects and uses customer information, please refer to our Privacy Policy at tep.com/privacy.

Customer Signatu	re
Date	
TEP Account #	
Emergency Cor	ntact Information
Name	
Relationship	
Phone Number —	
Physicians plooffice lett	Medical Practitioner Certification Form ease attach this form to either you erhead or a prescription form. entation will be returned directly to the custome
l,	,am a licensed medical practitioner.
License #	
License Exp. Date	
I certify that the p	natient named below is currently under my care.
Patient Name —	
Address —	
	·
Phone Number —	
sustaining medica continuous electr	nt named on this form requires the use of a life- al device or has a medical condition requiring ic service. The patient and I have discussed s in the event of an interruption in service.
Licensed Medical	Practitioner Signature
Date —	
Address —	
City, State, Zip	·
Phone Number —	