



THE POWER TO HELP OUR CUSTOMERS

501 E. Lemon Street
Lakeland, Florida 33801-5079
863-834-1555
www.lakelandelectric.com

MEDICALLY ESSENTIAL

SERVICE PROGRAM



What does the Medically Essential Service Program Provide?

This program provides Lakeland Electric customers with reasonable prior notice of power interruption due to scheduled service maintenance. In turn, customers enrolled in the program are allowed time to secure back-up power for their medical equipment.

What services are not offered?

In the event of emergency power failures due to natural causes or unforeseen system problems, the program cannot provide prior notification. In these situations, it is the customer's responsibility to have a back-up power system for their medical equipment, as well as an action plan for proceeding to the nearest medical facility. To pre-register in the Polk County Special Needs Program for shelter or transportation assistance during an emergency please call 863-298-7027.

The program does not exempt customers from service disconnection if they do not keep payment arrangements or if they fail to provide information or re-validate their participation in the program when requested by Lakeland Electric.



HOW DO I QUALIFY?

STEP 1

First, you must obtain verification from your physician regarding your medical condition, type of equipment and length of time the equipment is needed. Examples of qualifying equipment include: oxygen concentrator, heart monitor, controlled medication, and controlled atmosphere. We will ask that your physician fill out a validation form. Information on receiving a form can be obtained via e-mail or call (863) 834-1555.



STEP 2

Once the completed form is received and reviewed for eligibility, you will be able to participate in the program within 48 hours. Lakeland Electric will maintain a record of your power needs, and your account will be identified with a medical alert in our records.



STEP 3

Each year, Lakeland Electric will send a validation form to you, requesting current medical status to ensure that our records are current and that the Medically Essential service is still required.



STEP 4

When you no longer require life-sustaining equipment, simply call Lakeland Electric at (863) 834-1555 and we will remove your account from the program.



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VALIDATION OF MEDICAL NECESSITY

PART 1 - to be filled out by Lakeland Electric Customer

Account # _____

Customer Name _____

Address _____

City/State/ZIP _____

Telephone # _____

Patient Name _____

Relationship _____

Emergency Contact Name _____

Telephone # _____

PART 2 - to be filled out by attending physician

Does the following individual have a medical necessity for life-sustaining equipment? ☐ Yes ☐ No

Patient Name _____

Pertinent Diagnosis _____

Qualifying Equipment (electrical equipment in-home usage):

Oxygen Concentrator _____

Heart Monitor _____

Controlled Medication _____

Controlled Atmosphere _____

Other _____

Estimated Length of Need _____

Physician Signature _____

Physician Name _____

Address _____

Telephone # _____

RETURN FORM TO:
THE MEDICALLY ESSENTIAL SERVICE PROGRAM

ATTN: Revenue Management
LAKELAND ELECTRIC
501 E. Lemon Street | Lakeland, FL 33801
863-834-1555