Medical Preparedness Program

APPLICATION FOR ENROLLMENT

Thank you for your interest in the SRP Medical Preparedness Program. To complete the approval process, follow the steps below:

1. Fill out page 1 of this form completely.
2. Have your prescribing physician licensed to practice medicine in the State of Arizona complete page 2 of this form.
3. Return the completed application to SRP as soon as possible. You can mail back your paperwork using the envelope we've provided or email pictures of your paperwork to **crc_medical@srpnet.com**. You can also fax your paperwork to **(602) 629-7909**. Incomplete applications will not be processed.

NAME AS IT APPEARS ON YOUR SRP BILL (REQUIRED)

SRP ACCOUNT NUMBER (REQUIRED)

SRP SERVICE ADDRESS (REQUIRED)

EMAIL ADDRESS (REQUIRED)

PHONE NUMBER (REQUIRED)

SIGNATURE (REQUIRED)

DATE (REQUIRED)

☐ I would like to add a Safety Net contact. (Send past-due alerts to a friend or family)

SAFETY NET CONTACT'S FULL NAME (REQUIRED IF SELECTED)

SAFETY NET CONTACT'S MAILING ADDRESS (INCLUDING CITY, STATE, AND ZIP CODE) (REQUIRED IF SELECTED)

I give my physician permission to release pertinent medical information to SRP. I understand that:

- If I am enrolled in the program, my bill payment terms won't change. If I don't pay my electric bill or reach out to SRP for support, it's possible that my service may be disconnected.
- If I am an SRP M-Power® customer and I am eligible for the program, I must switch to one of the billed SRP Basic or Time of Day residential price plans.
- SRP strongly recommends having an uninterruptible power source (such as a portable generator, battery backup, etc.) that would operate mechanical equipment in the event of power loss.
- SRP may ask to verify that qualifying medical equipment is in use at any time.

SRP SAFETY NET

- Adding someone to your Safety Net does not make them responsible for your bill or give them control or access to your account. This mailed notification brings awareness of a past-due account. Safety Net contacts do not have to live in Arizona or even be an SRP customer.
- It is the customer's responsibility to inform their assigned friend/family that they have been designated as their Safety Net contact.

Have questions? We're here to help. Call **(602) 236-3000** Monday through Friday, 8 a.m.–5 p.m.

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To be completed in full by prescribing physician licensed to practice medicine in the State of Arizona.

_____ - _____ - _____

SRP ACCOUNT NUMBER (REQUIRED)

PATIENT'S NAME (REQUIRED) _____ PATIENT'S DOB (REQUIRED) _____

Is the equipment located in the applicant's primary residence? ☐ Yes ☐ No

Select the SRP-approved FDA Class III, essential-to-sustaining-life, electricity-dependent medical devices that the patient uses in their home. Such equipment is defined as "medical equipment where a discontinuance of service from the equipment for a period longer than four hours could be especially dangerous to an individual's health."

- ☐ Hemodialysis or peritoneal dialysis machine
- ☐ Ventilator
- ☐ Infant apnea monitor
- ☐ Feeding or infusion pump
- ☐ Suction machine
- ☐ Oxygen concentrator
- ☐ Left ventricular assist device
- ☐ SynCardia Total Artificial Heart (TAH)

Note: Small volume nebulizers (SVNs) and CPAPs do NOT qualify.

I certify that the equipment indicated above is required for the patient.

PRINTED PHYSICIAN NAME (REQUIRED)

PHYSICIAN SIGNATURE (REQUIRED) _____ DATE (REQUIRED) _____

( ) _____ ( ) _____

PHYSICIAN PHONE NUMBER (REQUIRED) PHYSICIAN FAX NUMBER (REQUIRED)

PATIENT OR LEGAL GUARDIAN SIGNATURE* (REQUIRED)

*Required if different from SRP customer. Parent or legal guardian must sign if the patient is under the age of 18.

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