

Medically Essential Service Explanation of Services

Who is a medically essential service customer?

A medically essential service customer is a residential customer:

- Whose electric service is medically essential, and
- Who has been certified as a medically essential service customer by a physician licensed to practice in the state of Florida.

Service is considered medically essential when the customer uses continuously-operating, electric-powered medical equipment necessary to sustain life or avoid serious medical complications requiring immediate hospitalization.

What assistance does Homestead Public Services provide to a medically essential service customer?

Homestead Public Services provides medically essential service customers with a limited extension of time to pay off delinquent bills and notice of scheduled power interruptions, to allow such customers time to secure back-up power for medically essential equipment.

What are the responsibilities of a medically essential service customer?

Medically essential service customers are responsible for making arrangements to ensure timely payment within the extended period of time, and to make arrangements for meeting their own medically essential needs, including securing any backup equipment and/or power supply, and any other planned course of action in the event of a power outage.

It is important to note that in administering medically essential service, Homestead Public Services cannot provide notice of power failures due to natural causes or unforeseen system problems. Furthermore, Homestead Public Services does not assume any obligation or duty to monitor the health or condition of the person requiring medically essential service, to insure continuous service, to call, contact, or otherwise advise of services interruptions, or take any other action that differs from its normal operations.

How does a customer become certified as a medically essential service customer?

The customer must fill out a form provided by Homestead Public Services and forward the form to his or her physician to complete and return directly to the Homestead Public Services Customer Service. In filling out the form, the physician must explain why and certify that continuance of electric service is medically essential. The application will then be processed within 5 business days. A customer who is certified as a medically essential service customer must renew such certification annually.

Where can I find more information about medically essential service?

To obtain more information about medically essential service, please see the application supplement on page 2 of this application packet. The medically essential service application can be accessed at <http://www.Homesteadfl.gov/index.aspx?NID=133>.

Medically Essential Service
Application Supplement

The following is an excerpt of the applicable provision of the Code of the City of Homestead relevant to medically essential services:

Sec. 28-272. Delinquent Bills

(b) Medically essential services. For purpose of this subsection, a medically essential service customer is a residential customer whose electric service is medically essential, as affirmed through the current certificate of a physician licensed under F.S. chapter 458 or chapter 459. **Service is “medically essential” if the customer uses continuously-operating, electric powered, medical equipment necessary to sustain life, or avoid serious medical complications requiring immediate hospitalization,** of the customer or another permanent resident of the service address. The physician’s certificate shall explain briefly and clearly in medical and non-medical terms, why continuance of electric service is medically essential. A customer who is certified as a medically essential service customer must renew such certification annually through the procedure outlined herein. The certificate will be on a form provided to the customer by the customer service department of the city. The form shall be completed by a physician and returned to the customer service department.

The city electric utility may provide medically essential service customers with a limited extension of time to pay off delinquent bills, not to exceed thirty (30) days beyond the date service would normally be subject to disconnection for nonpayment of bills. The city electric utility shall provide the medically essential service customer with written notice, specifying the date of disconnection, based on the limited extension. The medically essential service customer shall be responsible for making mutually satisfactory arrangements to ensure payment within the additional extension of time for service provided by the city electric utility, for which payment is due, or to make other arrangements for meeting medically essential needs.

No later than 12:00 noon one (1) day prior to the scheduled disconnection of service of a medically essential service customer, the city electric utility shall attempt to contact such customer by telephone to provide notice of the scheduled disconnection date. If the medically essential service customer does not have a telephone number listed on the account or if the customer cannot be reached by telephone, a field representative will be sent to the residence no later than 4:00pm on the day prior to the scheduled disconnection. If contact is not made, the field representative will leave written notification at the residence advising the medically essential service customer of the scheduled disconnection date, thereafter, the city electric utility may disconnect on the specified date.

In the event the customer is certified as a medically essential service customer, the customer shall remain solely responsible for any back up equipment and/or power supply and a planned course of action in the event of a power outage. The city electric utility does not assume, and expressly disclaims, any obligation or duty to monitor the health or condition of the person requiring medically essential service; to insure continuous service; to call, contact or otherwise advise of service interruptions; or to take any other action (or to refrain from any action) that differs from the normal operations of the city electric utility.

Nothing in this subsection shall impose any special duty upon the city or create any liability not previously existing. The subsection shall not create any private right of action.

Medically Essential Service
Application for Enrollment

In order for a customer's electricity needs to be certified as medically essential, the customer must complete the below form Part A and arrange for Part B on page 4 of this application packet to be completed by a physician licensed in the state of Florida pursuant to chapter 458 or 459, Florida Statutes. Please complete Part A, have your physician complete Part B, and have your physician mail the entire form directly to the City of Homestead Customer Service Department at the following address:

City of Homestead
Customer Service Department
100 Civic Court
Homestead, Florida 33030.

False certification of medically essential service by a physician is a violation of section 458.331(1)(h) or 459.015(1)(i), Florida Statutes, and as such is grounds for disciplinary action by the Board of Medicine or Osteopathic Medicine.

Also, please note that medically essential service must be recertified once every 12 months.

*****PLEASE TYPE OR PRINT CLEARLY*****

PART A: CUSTOMER APPLICATION

Date: _____ Account Number: _____

Customer Name: _____ Last 4 digits of Social Security No. _____

Service Address: _____ City: _____ Zip Code: _____

Home Telephone No.: _____ Daytime Telephone No.: _____

Name of Person Using Equipment: _____

Physician's Name: _____

By signing this application, [Customer Name] _____ is acknowledging

that application and the conditions have been reviewed in their entirety.

The City of Homestead Customer Service Department has fully explained how my account will be handled regarding any collection action due to nonpayment of the bill. I understand that the City of Homestead Energy Services does not guarantee uninterrupted service or assign a priority status to my account for service restoration due to outages. I understand that I must be prepared with backup equipment and/or power and a planned course of action in the event of prolonged outages. I agree to notify the Customer Service Department when this equipment is no longer in use.

Customer Signature: _____ Date: _____

WARNING – PART A – CUSTOMER APPLICATION: Knowingly making a false or misleading statement in completing the Customer Application could result in the denial or termination of the medically essential service application.

*****PLEASE TYPE OR PRINT CLEARLY*****

PART B: Physician's Certificate

Physician's Name: _____ Physician's License Number: _____

Physician's Address: _____ City: _____ Zip Code: _____

Physician's Telephone Number: _____

I, [PHYSICIAN NAME] _____, duly licensed and authorized to practice medicine in the State of Florida, hereby certify that [CUSTOMER NAME] _____, who resides at [CUSTOMER ADDRESS] _____, is under my care and relies upon **continuously operating electric-powered medical equipment in order to sustain his/her life or to avoid serious medical complications requiring his/her immediate hospitalization**. The continuously operating medical equipment upon which this patient relies is described as follows: _____

The patient uses this equipment ___ hour(s) within a twenty-four (24) hour period. The following is an explanation of why, in my professional opinion, **this patient needs to use this equipment continuously in order to sustain his/her life or to avoid serious medical complications requiring his/her immediate hospitalization**: _____

Physician's Signature: _____ Date: _____

False certification of medically essential service by a physician is a violation of section 458.331(1)(h) or 459.015(1)(i), Florida Statutes, and as such is grounds for disciplinary action by the Board of Medicine or Osteopathic Medicine.

This certificate shall be deemed valid for a period of twelve (12) months from the date the customer is determined to qualify as a Medically Essential Service Customer within the meaning of section 28-272(b) of the City of Homestead Codes for electric service.



Note to Physician – Please return Part A and B (pages 3-4) of the application packet to:

By Mail: City of Homestead
Customer Service Department
100 Civic Court
Homestead, Florida 33030

OR

By Email:
Customerservicequestions@HomesteadFl.gov