



LIFE THREATENING CONDITION VERIFICATION FORM

As an electric utility under the Oklahoma Corporation Commission's jurisdiction, Northeast Oklahoma Electric Cooperative (NOEC) is required to suspend disconnection of service, or reconnect if disconnected, when a consumer or a permanent member of the household has a medical condition wherein discontinuance of the electric service would be **life-threatening**. A life-threatening condition is defined as one where the consumer or other permanent resident of the household is dependent upon electrically-operated equipment that is prescribed by a physician and is **needed to sustain the person's life**.

Examples of life-sustaining equipment include: kidney dialysis machine, iron lung, oxygen concentrator and certain other oxygen machines, cardiac monitor, heating and air-conditioning equipment, or any other equipment that is prescribed by a licensed medical doctor. If **battery backup is normally available** for the life-sustaining equipment, then the medical condition is **not considered life-threatening**. The following equipment is not considered to be life-sustaining equipment: hot water heater, refrigerator, range/stove, nebulizer that is battery-driven or hand-driven or self-contained, battery-driven sleep apnea monitor, battery-driven cardiac monitor.

Verification of a **life-threatening medical condition** that is dependent on electrically-operated equipment without a battery backup to sustain a person's life must be made by a **medical or osteopathic doctor (MD or DO)**. Other medical professionals will not be accepted for the needs of this verifications.

We appreciate your willingness to participate as a verifier and trust you will do so advisedly, considering the fact that energy consumed during this suspension period must eventually be paid for by the utility consumer. Our intent is to ensure that those utility consumers having genuine life-threatening situations in their homes are not mistaken for those who would abuse this privilege at the expense of others.

MEMBER INFORMATION (Please print)

Member Name: _____ Electric Account #: _____

Address: _____ City: _____ State: _____ Zip: _____

Best Contact Phone Number: _____ Place of Employment: _____

Name of Patient with Life Threatening Condition: _____

Relation to Member: _____

I hereby acknowledge that the above-named patient is a permanent member of my household and has a life-threatening medical condition. I further acknowledge I am responsible for the payment of all bills for the receipt of electric service and that I will notify NOEC if the patient is not longer a member of my household.

Member Signature: _____ Date: _____

VERIFICATION BY MEDICAL OR OSTEOPATHIC DOCTOR (Please print)

The following information is to be completed for the above-named patient.

Nature of Medical Problem: _____

Prescribed Medical Equipment: _____

Is this condition life-threatening without electric service: Yes No (circle one)

What is the estimated duration of the life-threatening condition, if applicable? _____

Specify the effect that discontinuance of electric service might have upon the health of the patient: _____

Doctor's Name: _____ ☐ MD ☐ DO Phone number: _____

Name of Medical Practice: _____

Address: _____ City: _____ State: _____ Zip: _____

Doctor's Signature: _____ Date: _____

A representative of NOEC may contact the medical practice to verify information.

HOW TO RETURN TO NOEC

USPS:
27039 S 4440 Rd.
Vinita, OK 74301

Email:
asknoec@noec.coop

Hand Delivery/FedEx/UPS:
27039 S. 4440 Rd., Vinita, OK
600 S. Main St., Grove, OK

Fax:
(918) 256-9304

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