



# Health-related programs and protections.

PSEG Long Island works every day to deliver reliable power to every customer, 24/7. We recognize the particular importance to power to those who rely on life support equipment or face a serious health crisis. Please review these programs and protections to determine the best way that we can help you and your family.



## Preparation is Key

It is always our goal to prevent power outages, but that's not always possible. We encourage you to:

- Consider having a licensed electrician install a standby generator at your home.
- Establish a contact with your local fire and police departments and inform them of your health situation. Find out what assistance (transportation or first aid) they can offer during a power outage.
- Develop a network of friends, relatives and neighbors you can rely on for help during an extended outage.
- Let us know immediately if you change your telephone number or prefer that we contact you at a different number.

### Critical Care Program

*For those who rely on life support equipment*

If you or a member of your household relies on life support equipment, PSEG Long Island will continue to provide electric service as long as the customer provides a medical certificate from a doctor, local Board of Health, nurse practitioner or physician assistant. This protection will remain in effect only as long as the life support equipment is in use, as verified annually by a medical provider and the customer has demonstrated an inability to pay bills.

In anticipation of severe weather, PSEG Long Island will call the customer as a reminder to make advance preparations, with additional outreach during major events. Please be aware that **PSEG Long Island cannot guarantee priority power restoration.** Each customer is responsible for making alternative arrangements for any medical needs in the event of a power outage.

### Medical Emergencies

A medical emergency applies when you or a member of your household has a serious illness or medical condition that severely affects his or her well-being and which would be aggravated by the absence of utility service. PSEG Long Island will continue electric service for 30 days as long as the customer provides a medical certificate from a doctor, local Board of Health, nurse practitioner, or a physician assistant. This program **does not guarantee priority power restoration.**

Protection can be renewed for 30 days (acute condition) or 60 days (chronic condition) by providing additional medical certification and financial information that demonstrates an inability to pay current and past due charges. While a certification of medical emergency remains in effect, the customer remains liable for and must make a reasonable effort to pay utility charges.



# How can *we help* your family?



Our Critical Care and Medical Emergency protections are similar, but there are important differences in enrollment and renewal requirements. Medical Emergency protection is typically for short-term conditions and requires renewal every 30 to 60 days. Critical Care protects those with a long-term reliance on life support equipment, which the customer must verify annually. Only Critical Care offers the additional

benefit of outreach from PSEG Long Island before and during major weather events.

However, neither program provides a guarantee of priority power restoration. All customers have a responsibility to arrange for medical needs during an emergency and remain liable for and must make a reasonable effort to pay utility charges.

**Critical Care** protection is for households where life support equipment is in use, the loss of power would result in *immediate hospitalization or jeopardize* life and the customer has demonstrated an inability to pay bills.

#### Requirements:

1. Completed enrollment form, including certification of reliance on life support equipment from a doctor, local Board of Health, nurse practitioner, or physician assistant on the provider's stationery.
2. Completed Determination of Consumer Resources (DCR) form, for account in arrears.

*Qualifying life support devices include:*

- Apnea monitor for infants
- Cuirass respirator
- Hemodialysis machine
- IV feeding machine
- IV medical infusion machine
- Oxygen concentrator
- Positive pressure respirator
- Respirator/Ventilator
- Rocking bed respirator
- Suction machine
- Tank type respirator

**Medical Emergency** protection is for households where a resident has a serious illness or medical condition that would be aggravated by the absence

of utility service. Initial protection is for 30 days. Renewals last for 30 days, or in the case of a chronic condition, 60 days.

#### Requirements:

1. You may make an initial request by calling us at **1-800-490-0025**.
2. Within five business days of a telephone request, you must submit a completed enrollment form and certification from a doctor, local Board of Health, nurse practitioner, or physician assistant on the provider's stationery that a medical emergency exists. If the account is in arrears, you must also submit a completed Determination of Consumer Resources (DCR) form.
3. Before the 30-day expiration, you can renew it by submitting:
  - a. Another certification from the medical professional stating the expected duration of the medical emergency and an explanation of either the nature of the medical emergency or the reason why the absence of utility service would aggravate the medical emergency, and
  - b. A Determination of Consumer Resources (DCR) form that demonstrates an inability to pay utility charges.



# MEDICAL CERTIFICATION FORM

**PART A: To be completed by Customer**

**PART B and C: To be completed by Licensed Medical Professional, which includes: Medical Doctor (M.D./D.O.), Physician Assistant, Nurse Practitioner, or Board of Health.**



## PART A: CUSTOMER INFORMATION — Please complete all areas below

Customer Name _____		Name of Person Using (Patient) _____	
Relation to Customer <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other _____			
PSEG Long Island Account Number _____		Date of Birth (Patient) _____	
Street Address _____	City _____	State _____	ZIP Code _____
Primary Contact Number _____	Alternate Contact Number _____	Email Address _____	
Customer's Signature _____	Date _____		

## PART B: LICENSED MEDICAL PROFESSIONAL CERTIFICATION — Please complete all areas below

### LIFE SUPPORT EQUIPMENT INFORMATION — Life Support protection is based on **equipment usage, not condition or diagnosis.**

Please indicate the type of life support medical equipment used and certify need:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Positive Pressure Respirator | <input type="checkbox"/> Respirators/Ventilators | <input type="checkbox"/> IV Feeding Machines          | <input type="checkbox"/> Suction Machines     |
| <input type="checkbox"/> Cuirass Respirators          | <input type="checkbox"/> Rocking Bed Respirators | <input type="checkbox"/> IV Medical Infusion Machines | <input type="checkbox"/> Oxygen Concentrators |
| <input type="checkbox"/> Apnea Monitor (Infant)       | <input type="checkbox"/> Tank Type Respirators   | <input type="checkbox"/> Hemodialysis Machines        |   |

**Other:** \_\_\_\_\_

I confirm that without the use of the equipment listed above, my patient would require **immediate hospitalization or be at risk of death.**

The following are generally **NOT** considered life support: oxygen PRN, sleep apnea machines for patients over 6 months of age (CPAP, BiPAP, APAP, VPAP), nebulizer, ICD, AED, pacemaker, spinal cord stimulator, life alert, air conditioning, refrigerated medication, electric bed, electric air mattress, electric lift and electric wheelchair/lift.

## PART C: Nature of Illness or Medical Condition — Please complete all areas below

Physician must document below, the serious illness or medical condition that severely affects the patient and questions wellbeing, the expected duration of the medical emergency and explanation of the nature of the medical emergency or the reason why the absence of utility service would impact the medical emergency.

Type of illness/medical condition _____	Expected duration _____
Explanation on how the absence of utility service would impact the illness/medical condition _____	
_____	
_____	

Licensed Medical Professional (Print Name) _____	Date Signed _____
Licensed Medical Professional (Signature) _____	Licensed Medical Professional - NYS License Number _____

Address _____	Contact Number _____
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**Affix Licensed Medical Professional's Stamp**

**Form should be returned to PSEG Long Island by:**

**Email:** medicalnotes@pseg.com      **Fax:** 631-844-3635

**Mail:** PSEG Long Island  
Attn: Customer Safeguard Solutions  
15 Park Drive, Melville, NY 11747



**PSEG** LONG  
ISLAND

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**IMPORTANT CONTACTS**

**Customer Service**

Monday – Friday, 8:00 AM to 8:00 PM

**Residential Customers**

**1-800-490-0025**

**Español**

**1-800-490-0085**

**Hearing/Speech Impaired (TTY)**

**711**

**[psegliny.com](http://psegliny.com)**