

CMLP

CRITICAL
HEALTH
NEED for
electricity

Period of Eligibility

Critical Health Need classification will be in effect for one year or until the need for such classification ends, whichever occurs first.

Each year, CMLP will send you a validation form requesting re-certification by your attending physician to ensure that this service is still needed.

Participants should be aware that this program does not exempt customers from service disconnection if they do not make regular payments on their account, or do not keep payment arrangements.

Reasonable payment plans can be arranged for those who qualify for financial hardship. Contact CMLP for more information.



Providing Special Notification For Customers With Medical Needs

CMLP maintains a special classification for our customers, who either themselves or a person living in their home, has a life-threatening medical condition which requires special equipment to provide treatment that, based on reasonable medical judgment, sustains the life of a patient.

CMLP
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Concord Municipal Light Plant

Critical Health Need for Electricity Program

Critical Health Need classification is designed to provide CMLP customers with reasonable notice of power interruption due to scheduled service maintenance which will allow customers time to secure back-up power for their medical equipment.

CMLP cannot provide prior notification; however, in the event of an emergency power failure due to natural causes or unforeseen system problems.

In these situations, it is the customer's responsibility to have a power back-up system for their medical equipment, as well as an action plan for proceeding to the nearest medical facility.

Qualifying Life Support Equipment

- Dialysis machines
- Oxygen concentrator
- Respirator
- Ventilator
- Pressure breathing therapy
- Infusion feeding pump
- Apnea or CPAP monitor

Note: Nebulizers **do not** qualify.

Request for Critical Health Need Classification

Verification must be obtained from a physician regarding patient's medical condition, type of equipment and length of time the equipment is needed. The customer's attending physician must complete this form and return to CMLP (mailing address on reverse side of form).

Completed by CMLP customer

Account #: _____

Account Name: _____

Relationship to Patient: _____

Service Address: _____

City, State, Zip: _____

Telephone: _____ - _____ - _____

Completed and returned to CMLP by physician

The following individual has a medical necessity for life support electrical equipment.

Patient Name: _____

Diagnosis: _____

Qualifying Equipment: _____

Estimated Length of Need: _____

Physician Name: _____

Physician Signature

Address: _____

City, State, Zip: _____

Telephone: _____ - _____ - _____

Comments: