



MODESTO IRRIGATION DISTRICT
1231 Eleventh Street, PO Box 4060, Modesto, CA 95352
Customer Service Phone: (209) 526-7337
Fax: (209) 526-7359

MID'S MEDICAL LIFE SUPPORT (MLS) RATE

Modesto Irrigation District (MID) offers a discount rate for customers who depend on medical life support devices at home or have special medical conditions. This discount cuts in half the cost of the first 500 kilowatthours (kWh) of electricity used in each billing cycle. The discount is only for the first 500 kWh of electricity.

You may qualify if:

- You (or a full-time member of your household) use a life support device. This is a piece of medical equipment that sustains your life or gives you mobility. You must use the medical device at home. The device must be electric and uses electricity supplied by MID.
- You (or a full-time member of your household) is a paraplegic, hemiplegic or quadriplegic with special heating or air conditioning needs.
- You (or a full-time member of your household) has cystic fibrosis, multiple sclerosis or similar medical condition that requires special heating or air conditioning needs.

Life support devices

- Life support devices include, but are not limited to: respirators, iron lungs, hemodialysis machines, suction machines, electric nerve stimulators, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers, compressors, IPPB machines, and motorized wheelchairs. Devices used for therapy rather than life support generally do not qualify.

You need to know

- You must pay your electric bill on time each month to avoid having your power shut off. If MID turns your electricity off because you did not pay your bill, you are responsible for providing electric power to run your life support device.
- You are responsible for backup power to run your life support device during power outages. MID does not and cannot give you a 100 percent guarantee that you will have electric service at all times. We strongly recommend that you have a backup power supply for your life support device. This will keep the life support device running even if MID power is out.
- You must fill out new customer and physician certification forms each year. MID will let you know when it is time to do this.

To sign up

1. Fill out and sign the enclosed Customer Certification form.
2. Mail the form to MID, PO Box 4060, Modesto, CA 95352-4060.
3. Give your doctor the Physician's Certification form. Your doctor must fill out and sign this form.
4. Ask the doctor's office to mail the Physician's Certification form to:
MID, PO Box 4060, Modesto, CA 95352-4060

When MID has received both forms, we will send you a letter to say that you are now on the Medical Life Support Rate.

Questions?

Call MID at (209) 526-7337 or toll free at 1-888-335-1643.



PHYSICIAN CERTIFICATION FORM - MEDICAL LIFE SUPPORT RATE

MID Customer:

Account Number:

Modesto Irrigation District offers a discounted rate for customers who require electric power for life sustaining devices. The Medical Life Support Rate allows for 50% off the first 500 kWh used during each billing cycle. A life support device is defined as a device used to sustain life or relied upon for mobility. To qualify for a Medical Life Support Rate, this device must be used in the home and must run on electricity supplied by the District. The term "life support device" includes, but is not limited to, respirators, iron lungs, hemodialysis machines, suction machines, electric nerve stimulators, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers, compressors, IPPB machines, and motorized wheelchairs. Devices used for therapy rather than for life support generally do not qualify.

Physician: Please fill out form, sign it, and mail it to: MID, PO Box 4060, Modesto, CA 95352-4060.

Patient Name:

Patient Address:

Phone Number:

Date of Birth:

Relationship to MID Customer:

Describe Medical Need (condition) for MLS Rate:

Is this a permanent medical condition? Yes No

Please list the life support device(s) used in the home:

- 1
- 2
- 3

Does this condition require extra heating and/or cooling for one of these conditions:

	Yes	No
Paraplegic		
Quadriplegic		
Hemiplegic		
Multiple Sclerosis		
Scleroderma		
Other (List):		

Physician's Name:

Phone Number: ()

Address:

MD/DO License #

Physician's Signature

Date:



MODESTO IRRIGATION DISTRICT
 1231 Eleventh Street, PO Box 4060, Modesto, CA 95352
 Customer Service Phone: (209) 526-7337
 Fax: (209) 526-7359

CUSTOMER CERTIFICATION FORM - MEDICAL LIFE SUPPORT RATE

MID Customer:

Account Number:

Modesto Irrigation District offers a discounted rate for customers who require electric power for life sustaining devices. The Medical Life Support Rate allows for 50% off the first 500 kWh used during each billing cycle. A life support device is defined as a device used to sustain life or relied upon for mobility. To qualify for a Medical Life Support Rate, this device must be used in the home and must run on electricity supplied by the District. The term "life support device" includes, but is not limited to, respirators, iron lungs, hemodialysis machines, suction machines, electric nerve stimulators, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers, compressors, IPPB machines, and motorized wheelchairs. Devices used for therapy rather than for life support generally do not qualify.

**Customer: Please fill out this form, sign it and mail to:
 MID, PO Box 4060, Modesto, CA 95352-4060.**

Patient Name:			Date of Birth:
Patient Address:			
Relationship to MID Customer:			

I certify that the above information is correct. I agree to allow a District representative to enter my premises during reasonable hours to verify this information. I understand that if I refuse to let Modesto Irrigation District verify this information, the Medical Life Support Rate will be discontinued.

I understand that this declaration is valid for one year starting on the date Physician's Certification is approved, and that Modesto Irrigation District will annually review my eligibility for this rate.

Further, I understand that the purpose of this rate program is solely to reduce the cost of electric service provided by Modesto Irrigation District and in no way guarantees continuous service. I understand that it is my responsibility to keep my bill current to prevent any interruption of electric service due to non-payment.

I understand the recommendation for a backup power device to prevent interruption of electric service in the event of a power outage or disconnection due to non-payment, and that the District cannot guarantee continuous service at any time.

Customer Signature			Date:
Home Phone:	()	Work Phone:	()