Meridian.

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Notice of Medically Dependent or Vulnerable Person

To the patient

Please complete this form with your doctor, please email the completed form to MD@meridianenergy.co.nz

Handy Hint: Your doctor should be able to scan and email direct to us for you.

It might be helpful for you to take along an electricity bill, so you and your doctor can refer to it

Part A – patient details

1. Patient's name .....

2. Date of birth ...../...../..... (dd/mm/yy)

3. Patient's contact details

Home (.....).....

Mobile (.....).....

Work (.....).....

Email .....

4. Caregiver's or next of kin contact details

Home (.....).....

Mobile (.....).....

Work (.....).....

Email .....

5. Full physical address where the patient currently resides

Street.....

Suburb.....

Town / City.....

Postcode.....

6. Name(s) of electricity account holder(s) at residence where the patient resides

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7. Contact details of electricity account holder(s) if different from previous questions

Home (.....).....

Mobile (.....).....

Work (.....).....

Email .....

8. Residence's electricity account number (found on residence's electricity bill)

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9. Residence's electricity ICP number (found on residence's electricity bill)

.....

10. Consent

You agree that we may use any information you provide to us for the purposes of carrying out our responsibilities to assist you, including discussing your information and electricity supply with Work and Income New Zealand, District Health Boards, lines companies, private health practitioners or any other social agency, budget advisor, civil defence organisation or service provider as we consider reasonably necessary.

Patient and/or caregiver signature

.....

Date ...../...../..... (dd/mm/yy)

Part B – confirmation of patient's situation

I certify that ..... with NHI number ..... is:

◯ **Medically dependent**: a customer who is dependent on mains electricity for critical medical support, and that a loss of electricity may result in loss of life or serious harm.

◯ **Vulnerable:** a customer who needs power because the loss of electricity may present a clear threat to health or well-being, for reasons of age, health or disability, or because of severe financial insecurity (whether temporary or permanent).

I also certify that the patient listed above:

(a) has been provided knowledge, training and support on how to use the critical electrical medical equipment; and

(b) has a complete and tailored emergency plan for managing their condition, and medical equipment for when the supply of electricity is interrupted, whether that be for short time, or a number of days.

Note: The patient's electricity retailer may seek advice on the patient's status as a MDC on an annual basis.

Medical condition and equipment used

Medical condition(s)*	
Type of critical medical equipment requiring a continuous supply of electricity**	
Duration for which the equipment will be required	◯ **Permanently require equipment**
	◯ **Temporarily require equipment** **Equipment needed until ..... / ..... / ..... (dd/mm/yy)** **Equipment reference number .....**

* The medical condition(s) must require critical medical support which is defined as support which, in the opinion of a DHB, private hospital or GP, is required to prevent loss of life or serious harm.

** Critical medical equipment is defined as any electrical equipment supplied or prescribed by a DHB, private hospital or GP, which requires mains electricity to provide critical medical support to a person, to support either the critical medical equipment or the treatment regime.

Name of DHB/private hospital/medical centre

.....

Name of the health practitioner/GP treating the patient

.....

Signature

.....

Date ...../...../..... (dd/mm/yy)

Contact number and/or email address of signatory

Work (.....) .....

Email .....

Medical stamp

Note: Form not valid unless medical practitioner's stamp is provided in this box.

Disclaimer: The DHB/private hospital/GP takes no responsibility for any debts incurred by the patient in relation to transactions or arrangements entered into by the patient with the electricity retailer.