



# Medical Device Alert

## ¿Necesita esta información en español?

Por favor, llame al (520) 623-7711 para TEP  
ó al 1-877-UES-4YOU para UES

[tep.com](http://tep.com)  
[uesaz.com](http://uesaz.com)

### Customer Care

Tucson Electric Power (520) 623-7711

UniSource Energy Services 1-877-UES-4YOU  
(1-877-837-4968)

Fax (520) 571-4010

Monday through Friday  
7 a.m. to 6 p.m.





## Medical Device Alert

If you depend on electricity to power a life-sustaining medical device, we know that power outages can cause real concern for you and your family. With our Medical Device Alert program, we will notify you in advance of any planned service outages affecting your residence. And if a sustained, unforeseen outage occurs, we will work to keep you fully informed about the service restoration status.

## How it works

When you return a completed certification by a licensed physician, Tucson Electric Power (TEP) or UniSource Energy Services (UES) will flag one service address on your account with an alert stating someone in your household uses life-sustaining medical devices or has a medical condition requiring continuous electricity. This alert helps us identify your service address and take proactive steps in communicating the status of an outage.

To have an alert placed on your account, please complete the customer authorization and have your licensed physician complete the certification form. Attach the form to the physician's letterhead or prescription form and mail to:

### TEP/UES

#### Attn: Medical Device Alert

PO BOX 711 MS: SC122  
Tucson, AZ 85702-0711

**NOTE: A Medical Device Alert is NOT a discount program, or a guarantee of uninterrupted service.** Monthly bills must continue to be paid to avoid disconnection for nonpayment. If your account is disconnected, a reconnect fee, and possibly a security deposit, will be charged.

## Customer Authorization

I authorize TEP or UES to contact any sources necessary to establish the accuracy of information provided or obtain additional information pertaining to my eligibility to have an alert placed on my utility account. I further understand if I move, a new certification form is required and the alert will not be applicable to my new address until an updated certification is received and approved.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

10-digit Utility Acct. # \_\_\_\_\_

\_\_\_\_\_ OPTIONAL: Sign your initials here to authorize TEP or UES to pass your personal/medical information to local law enforcement and emergency response agencies.

## Physician's Certification Form

Please be sure to attach this form to either your office letterhead or prescription form. Incomplete documentation will be returned directly to the customer.

I, \_\_\_\_\_, am a licensed physician.

License # \_\_\_\_\_

License Exp. Date \_\_\_\_\_

I certify that the patient named below is currently under my care:

Patient Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

I certify the patient named on this form requires the use of a life-sustaining medical device, or has a medical condition, requiring continuous electric service. The patient and I have discussed contingency plans due to the inability of an electric provider to guarantee continuous service.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

**Patient is required to recertify every 2 years**

Detach for mailing