



APPLICATION FOR MEDICAL EQUIPMENT DISCOUNT (MED RATE)

1. CUSTOMER INFORMATION

Last Name First Name

Service Address

City State Zip

SMUD Account Number Or: Name of your Mobile Home Park
(if your electricity is sub-metered)

2. MAILING ADDRESS

House # Street Name Unit

City State Zip

3. PATIENT NAME

Patient's Name(s)

4. DECLARATION AND SIGNATURE (Original signature required. No copies or faxes)

- I certify that all information on this application is accurate.
- I certify that the patient named in step 3 above is a full time resident of this household.
- The device listed on page 2 is used in my home and is essential medical equipment powered by electricity supplied by SMUD.
- I permit the proper change to my rate schedule and consent to annual eligibility verification.
- I understand that SMUD cannot guarantee uninterrupted electricity service and I am responsible for making alternate arrangements in the event of a disruption in service.

X

Customer Signature

Date

If the MED Rate discount does not meet the electricity needs related to your medical condition or the medical device that you are using, please contact SMUD by email (MedicalDiscount@smud.org) or by phone (1-888-742-7683).



Please have your Qualified Health professional complete Page 2 of this application before mailing to SMUD.

How to Apply

1. Provide your customer information (Name, Address, & Account Number).
2. Provide a mailing address if different from your service address.
3. Enter the patient's name of the person who qualifies for MED Rate. They must be a full time resident of the household.
4. Account holder sign and date page 1 of the application.
5. A licensed qualified health professional must complete and sign page 2 of the application.
6. Mail completed application to:

**Sacramento Municipal Utility District
MED Rate, Mail Stop A104
P.O. Box 15830
Sacramento, CA 95852-0830**

FAQ's & Information

1. **Can I also receive the Energy Assistance Program Rate (EAPR) Discount?**
Yes. This monthly discount for low-income households can be combined with the MED Rate program. This will help you get the most savings every month.
2. **What do I do if I have a disruption in my electric service?**
SMUD knows how important reliable electric service is to our customers, especially those using medical equipment. We make every effort to prevent outages but cannot guarantee that they will not occur. Please keep in mind that temporary disruptions in service may occur—and you should be prepared!

To be completed by a Qualified Health Professional Only!

To be completed by a Doctor of Medicine, Nurse Practitioner, Family Nurse Practitioner, or Physician's Assistant licensed to practice medicine.

1 Patient Name: _____

2 Requires the use of the following and is operated on a regular basis *
(check yes or no for each)

Yes No Electric Wheelchair

Yes No Oxygen Concentrator

Yes No In-Home Dialysis Cycler

Yes No Extraordinary heating needs due to the patient's medical need

Yes No Extraordinary cooling needs due to the patient's medical need

3 Does interruption in electricity service create a potentially life-threatening situation for this patient?

Yes No

4 I certify that the medical device(s) indicated above are required for this patient.

Original signatures only. No copies or faxes please.

Qualified Health Professional Signature

Date

State

State License #

**Qualified health professional
Name, Office Address, and Phone Number**

SMUD USE ONLY

APPROVAL /ACTION

YES NO Effective Date _____ By _____

Equipment Does Not Qualify

Other

Application Scanned to: _____