



# Medical dependency

Please ask your medical practitioner to complete and sign this form to confirm that you have a serious medical condition and are dependent on electricity for critical medical support. We'll then place you on Simply Energy's Medical Dependency Register. Please note that we are unable to guarantee a 24-hour continuous supply of energy. Please ensure you have a back-up plan in place in case of a power outage.

If you have any questions about this form please call our team on **0800 100 249**

## Section one (to be completed by patient or patient's parent/guardian or authorised representative)

### Account holder details

Energy account name(s) The name(s) on your Simply Energy bill.

> Title > First name(s) > Last name

Account number Your account number is on your bill.

### Patient contact details

Patient

> Title > First name(s) > Last name

Daytime phone

> Area code > Number

Mobile Phone

> Network code > Number

Work phone

> Area code > Number

Email Address

Patient home address

> Number > Street

> Suburb > Town or city

> Postcode

I confirm that Simply Energy is authorised to discuss the following with the registered medical practitioner listed below to confirm the need for electricity to remain connected at the medically dependent person's address, and to re-confirm that need every 12 months:

- 1 Details of my medical condition, or
- 2 Details of the medical condition of the medically dependent person referred to above, and I confirm that I am authorised to act on behalf of that person.

Information may also be passed on to the relevant electricity lines company.

Patient's signature

or patient's parent/guardian or authorised representative

## Section two (to be completed by medical practitioner)

### Medical practitioner details

Medical practitioner name

Designation For example, General Practitioner or Specialist.

Medical practice centre For example, health centre or surgery.

Daytime phone

> Area code > Number

Mobile phone

> Network code > Number

Email address

**Section two continued** (to be completed by medical practitioner)

**Medical details**

Description of medical condition

Four horizontal grey bars for describing the medical condition.

Type of equipment requiring a continuous supply of electricity

Four horizontal grey bars for describing the type of equipment.

Duration for which equipment will be required

Permanently require equipment

Temporarily require equipment > Required until 

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> Day > Month > Year

**Declaration by medical practitioner**

I 

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 state that 

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> Medical practitioner > Patient

has a serious medical condition and needs electricity for medical reasons.

Signature of medical practitioner 

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 Date 

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> Day > Month > Year

Medical practitioner's stamp **Important: This form will not be valid unless a medical practitioner's stamp is provided in the box.**

A large empty rectangular box with a red border for the medical practitioner's stamp.

Please post the completed form to:  
Simply Energy, PO Box 10742, The Terrace, Wellington 6143