BANNING ELECTRIC UTILITY
MEDICAL DISCOUNT APPLICATION

PART 1: TO BE COMPLETED BY CUSTOMER

BASIC INFORMATION	
Utility Account Number	**Cycle/Route**
Name on Account	
Medical Discount Resident's name (if different)	
Service Address	
Cell Phone Number	**Home Phone Number**

APPLICANT SIGNATURE

I understand that:

1. I must submit a new application with a doctor's certification every two years. The Electric Utility will mail me a reminder along with the necessary forms when it is time to reapply. If a resident is visually or otherwise impaired, I can call the Electric Utility to request special notification of when the mailing is to be sent out for reapplication.
2. The City of Banning cannot guarantee uninterrupted water and electric service and I am responsible for making alternate arrangements in the event of an outage or if service is interrupted for reasons including but not limited to non-payment.

I certify under penalty of perjury that the information is true and correct to the best of my knowledge. I also certify that the Medical Discount resident lives full-time at this address and requires or continues to require a Medical Discount. I agree to allow the City of Banning to verify this information. I also agree to promptly notify the City of Banning if the qualified resident moves or the Medical Discount is no longer needed by the resident.

I certify that I am solely or jointly responsible for payment of the utilities for this address. I understand that if it is discovered that I am receiving benefits without meeting eligibility criteria then I may be required to reimburse the Electric Utility for up to one year of the benefits incorrectly received.

Applicant's Signature _____ Date _____

The standard Medical Discount is $25 per billing cycle.

PLEASE DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

☐ Rate Change	☐ System Note	☐ Tracking Sheet	Notes:
Approval Signature: _____ Date: _____			
Current Rate: _____ Approved Rate: _____			

Please return completed application and copies of documents to:
Banning Electric Utility, Attn: Public Benefits, 176 E Lincoln Street, Banning, CA 92220,
or Email: PublicBenefits@banningca.gov Phone: (951)922-3260 Website: www.banningca.gov

PART 2: TO BE COMPLETED BY A LICENSED MEDICAL PROFESSIONAL

I certify that the medical condition and needs of my patient are as follows:

Patient First Name, Last Name: _____

1. Requires the use of a life-support device*: Yes ☐ No ☐ (Check One)

   If "Yes", the following life-support device(s) is/are used in the above-named patient's home:

   Device(s): _____

   * A qualifying life-support device is any medical device used to sustain life or is relied upon for mobility. This device must run on electricity supplied by the City of Banning. It includes, but is not limited to, respirators (oxygen concentrators), iron lungs, hemodialysis machines, suction machines, electric nerve stimulators, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers, compressors, IPPB machines, kidney dialysis machines and motorized wheelchairs. Devices used for therapy rather than life-support do not qualify.

2. Requires additional cooling and/or heating:

   Standard Medical Discounts are available for additional cooling and/or heating if patient is paraplegic, quadriplegic, and hemiplegic, has multiple sclerosis or scleroderma. Standard Medical Discounts are also available if patient has compromised immune system or life-threatening illness for which additional cooling or heating is medically necessary to sustain the person's life or prevent deterioration of the person's medical condition.

   Requires Standard Medical Discount for cooling: Yes ☐ No ☐ (Check One)

   Requires Standard Medical Discount for heating: Yes ☐ No ☐ (Check One)

   If "Yes", please indicate your patient's medical condition that requires additional cooling or heating:

   Medical Condition: _____

MEDICAL PROFESSIONAL AUTHORIZATION	
Doctor's Name	**Phone Number**
Office Address	
MD/DO California State License or Military License Number: _____	
_____ **Doctor's Signature**	_____ **Date**

Please return completed application and copies of documents to:
Banning Electric Utility, Attn: Public Benefits, 176 E Lincoln Street, Banning, CA 92220,
or Email: PublicBenefits@banningca.gov Phone: (951)922-3260 Website: www.banningca.gov