



Pee Dee Electric  
A Touchstone Energy® Cooperative

## Critical Care Member Application

Check one of the following:

- Member that uses a medical device or life support system requiring a constant power supply
- Caregiver of a member that uses a medical device or life support system requiring a constant power supply

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Pee Dee Electric Account Number: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Alternate Number: (\_\_\_\_) \_\_\_\_\_

Phone Number of nearest relative: (\_\_\_\_) \_\_\_\_\_ Name of Relative: \_\_\_\_\_

Nature of your critical situation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Please provide Pee Dee Electric with written documentation from your physician verifying your condition and the type of life support or medical device requiring electric power.



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## Third Party Designation

**\*\* Important - Please read the following statements in their entirety and sign your initials beside each statement indicating your acceptance\*\***

\_\_\_\_\_ By providing the information requested, you are NOT insured priority restoration of service, nor are you relived of normal requirements for payment.

\_\_\_\_\_ Pee Dee Electric does NOT insure uninterrupted service.

\_\_\_\_\_ I understand that by providing Pee Dee Electric with a third party designation, that I am giving Pee Dee Electric my permission and the authority to discuss my electric service with someone other than myself, as listed below. I understand that Pee Dee Electric may discuss my electric bill, services, repairs or disconnection of service with the person named as my Third Party Designee.

Member signature accepting this designation: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_

Name of person responsible for your care: \_\_\_\_\_

Phone Number (Home): (\_\_\_\_) \_\_\_\_\_

Phone Number (Work): (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_



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Please return this form, along with a letter from your physician to: Pee Dee Electric, 575 US Hwy 52 South, Wadesboro, NC 28170

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