AmerenIP

Life Support Registry

Procedure Nbr.:
Exhibit/Attachment/
Subsection:
Rev Nbr.:
Rev Date: 03/16/2004

Life Support Registry

A customer may be put on the Illinois Power Life Support Registry by having their physician verify they or a member of their family has a need for life support equipment to prevent serious medical complications. The patient is added to a list of customers for whom we restore power first in case of an electrical power outage.

This registry is also considered by the credit department when making selections for disconnection of customers. Being listed on the registry does not guarantee the customer will not be disconnected for non-pay.

If a medical condition exists that would prove to be detrimental to a customer's health if their services were disconnected, they need to have a medical certificate sent to them.

The medical certificate must indicate the customer's name and address, doctor's name and telephone number and type of medical equipment in use at the property. It must also have the signature of the doctor.

Approved

Date

ICC 280.130

Category: Customer Service Policy Database
SubCategory:Life Support Registry

OFFICIAL FILE

04-0549

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Date 11-29-05 Reporter CB

Rest Ex #1

✓ 345 267 1030

ILLINOIS POWER
LIFE SUPPORT QUESTIONNAIRE

The purpose of this questionnaire is to verify your patient's need for life support equipment.

If your patient needs life support equipment to prevent serious medical complications, please indicate the condition and the equipment needed.

Name of Patient ADAM W. SMITH Phone Number 618-273-9394

Patient's Address 2260 RALEIGH Road

City/State Eldorado, IL Zip Code 62930

Parent's Name (in case patient is a minor) VIRGIL L. + MELODY J. SMITH

Guardian's Name (if guardian for medical purposes) VIRGIL L. + MELODY J. SMIT

Physician's Statement:

Physician's Name Dr. K. Martin Phone Number 549-5361

Physician's Address 2601 W. Main

City/State Carbondale Zip Code Il 62901

Patient's Diagnosis ventilator dependent
BPD

Medical Equipment Required VENTILATOR, SUCTION MACHINE, OXYGEN CONCENTRATOR, NEB-TREATMENT MACHINE, pulse ox and MONITORING EQUIPMENT

Physician's Signature [signature]

Date Sent: 07/08/03

Please Return Within 30 Days
Mail To : Customer Service Center
Illinois Power A-13
370 S. Main St.
Decatur, IL 62523
Fax Number: (217) 425-4161

THIS INFORMATION IS COMPLETELY CONFIDENTIAL