

Medical Necessity Registry Program

Registry of residential service locations where people rely on life-sustaining electrical equipment. When planned outages or service interruptions for nonpayment are scheduled, we will attempt advanced notice so preparations can be made.

This registry does **NOT** guarantee priority electric service restoration in the event of an unplanned outage, nor are registered members exempt from their financial responsibilities, or from termination of service in accordance with OMEC policies.

Some examples of life-sustaining electrical equipment include, but are not limited to, ventilators, oxygen concentrators, dialysis equipment, IV/nutrition pumps, CPAP/BIPAP machines, and defibrillators.

To register, please fill out the following and return to Oneida-Madison Electric Cooperative, Inc. P.O. Box 27, Bouckville, NY 13310

Medical Necessity Registry	
Name of Account Holder	
Service Location	
	Home Phone
Work Phone	_ Cell Phone
Name of Impaired Individual (if other than account holder)	
Relationship to Account Holder	
Type of Medical Device	

I have read and understood OMEC's information on the Medical Necessity Registry Program and certify that the information provided on this application is correct. I understand the information may also be used to determine whether I am eligible for additional notices relating to my electric service. I agree to be contacted by telephone at the phone numbers listed above with respect to the Medical Necessity Program. Oneida-Madison Electric Cooperative, Inc. is not liable for delayed or undelivered notifications.

Member Signature