

Application for Chronic Condition or Critical Care Residential Customer Status

IMPORTANT INFORMATION

- This Application must be completed in order to obtain the designation of Critical Care or Chronic Condition Status from Ambit Energy Canada. This will ensure that your electricity service is not disconnected for non-payment.
- **This Application will not be processed and approved if incomplete, unreadable, or improperly submitted.** All information is required, unless otherwise indicated.
- For questions about this Application, call Ambit Energy Canada at (877) 282-6248 Monday through Friday, 8:00 a.m. to 6:00 p.m. (CT), and Saturday, 10:00 a.m. to 5:00 p.m. (CT).
- **Submission of this application does not automatically result in chronic condition or critical care status.** Notification of the status granted will be provided to the customer at the mailing address provided.
- **Chronic condition or critical care status does not guarantee an uninterrupted, regular, or continuous supply of service.** However, it does prevent disconnection for non-payment.

Instructions:

- **Customer:** Complete **PAGE 2** of this application, and provide form to patient's physician for completion. This application will not be approved unless submitted by mail, fax or email to Ambit Energy Canada.
- **Physician:** Complete **PAGE 3** of this application.
- Please forward only **PAGES 2 and 3** to Ambit Energy Canada by fax at (877) 534-7988 or careteam@ambitenergycanada.ca.

PAGE 2 – To Be Completed by the Customer

PART 1: ALL INFORMATION IS REQUIRED

Customer Name:
(Name on account)

Patient's Name:
(Name of Patient, who is living permanently at the Service Address, and who needs critical care or chronic condition status. The Patient may be the same person as the Customer.)

Service Address: (found on your bill)

City: **Province:** **Postal Code:**

Mailing Address: (if different than Service Address)

City: **Province:** **Postal Code:**

Gas Site ID (found on your gas bill)

Electric Site ID (found on your electric bill)

Customer Primary Phone:

Customer Alternate Phone: (if any)

Emergency (Secondary) Contact Information (Your application will be rejected unless you include an emergency contact name or insert "I choose not to provide an emergency contact name". Failure to include an emergency contact may result in disconnection of your service without notice if Ambit Energy Canada is unable to contact you.)

Name of Emergency Contact:

Mailing Address: (if different than Service Address)

City: **Province:** **Postal Code:**

Phone:

Alternate Phone: (if any)

Customer:

I have read and understand the information on this form, 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 and other protections relating to my electric and/or gas service available under Alberta Utilities Commission/Ambit Energy Canada rules, and may be used to provide notices relating to my commodity services to the Emergency Contact.

Signature:

Date:

Patient/ Patient's Guardian, Parent, or Managing Conservator:

I have read and understand the information on this form, and certify that the information provided on this Application about me (or the patient) is correct. I agree to the release of the information on this form concerning my (or the patient's) medical condition for the purposes stated on this Application.

Signature:

Date:

PAGE 3 – To Be Completed by the Patient’s Physician

FROM PAGE 2:

PATIENT’S NAME:

CUSTOMER NAME:

SITE ID(S):

FROM PAGE 2: ALL INFORMATION IS REQUIRED

Option #1	YES	NO
1) The patient is dependent upon an electric-powered medical device to sustain life .		

-AND/OR-

Option #2	YES	NO
2) The patient has a serious medical condition that requires an electric-powered medical device or electric or gas heating or cooling to prevent impairment of a major life function through a significant deterioration or exacerbation of the person’s medical condition.		
a) If yes to # 2 above, has the above medical condition been diagnosed as a life-long condition?		

Physician Name: (printed)	
Medical Board License Number:	
Phone:	Fax:
Physician Signature:	Date:

After completing and obtaining all signatures on the Application, please fax or email a copy of the completed Application to Ambit Energy Canada at (877) 534-7988 or careteam@ambitenergycanada.ca.