



MEDICAL / LIFE SUPPORT CUSTOMER APPLICATION

Supporting Our Customers Who Rely on Medical Equipment

At BPU, we understand the importance of reliable power when you or a loved one relies on life-support equipment. Our Medical Customer Program is here to provide added peace of mind by offering priority communication during outages and helping you prepare for emergencies.

While participation in the program does not guarantee uninterrupted service or prevent regular collection activity, we will do our best to keep you informed and supported during outage situations. We also encourage all participants to have a backup power source or emergency plan in place.

This application must be renewed annually.

Section 1: Customer Information (to be completed by customer)

Customer Name (as listed on BPU account)	
Account Number	
Service Address	
Zip Code	
Primary Phone	
Secondary Phone	
Email Address	
Patient's Name	
Date of Birth	
Secondary Contact (required)	
Phone Number	

Authorization Statement

I authorize the release of medical information, including direct consultation with my physician, as needed to verify eligibility for the Medical Customer Program. I certify that the information provided is accurate and truthful.

I understand that making a false or fraudulent claim is a criminal act and may result in prosecution.

Signature of Patient or Legal Guardian: _____ Date: _____

Section 2: Physician Information (to be completed by Physician)

Diagnosis / Nature of Ailment: _____

Is the patient homebound? ☐ Yes ☐ No

Is electrically powered medical equipment required to sustain life? ☐ Yes ☐ No

If yes, please indicate equipment type:

- | | |
|---|---------------------------------------|
| ☐ Apnea Monitor | ☐ Ventilator |
| ☐ Airway Suctioning Device | ☐ Other: _____ |
| ☐ Dialysis (all types) | |



540 Minnesota Avenue
Kansas City, KS 66101
(913) 573-9190 Customer Service
www.bpu.com

Is the equipment capable of operating on battery backup for at least 12 hours? ☐ Yes ☐ No

How often is the medical equipment used? _____

What backup plan has been advised to the patient in case equipment fails?

Is the condition expected to last longer than 6 months? ☐ Yes ☐ No

Physician's Name (Print)	
Office Address	
City, State, Zip	
Phone	
Email Address	
Fax Number	

Physician's Signature: _____

Date: _____

Section 3: For BPU Use Only

☐ Approved

☐ Rejected

By: _____

Date: _____

Submit Completed Form To:

Kansas City Board of Public Utilities
Attn: Life Support Program
540 Minnesota Avenue
Kansas City, KS 66101

Fax: (913) 573-9070

Email: collections@bpu.com