WISE=PREPAY ENERGY

Medical dependency form

This form is to be completed and signed by your medical practitioner to confirm that you have a serious medical condition and are dependent on electricity for critical medical support. You will then be placed on WISE Prepay Energy's Medical Dependency Register. Please note that we are unable to guarantee a 24-hour continuous supply of energy.
Please ensure you have a back-up plan in place in case of a power outage.

If you have any questions about this form please call our Customer Service team on **0800 00 9473**.

Section one (to be completed by patient or patient's parent/guardian or authorized representative)

WISE Prepay Energy Account holder details

Energy account name(s) *The name(s) on your WISE Prepay Energy Account.*

Account number

Patient contact details

Patient name

Title > First name(s) > Last name

Daytime phone

Area code Number

Mobile phone

Network code Number

Work phone

Area code Number

Email address

Patient home address

Number > Street

> Suburb > Town or city > Post code

I confirm that WISE Prepay Energy is authorized to discuss the following with the registered medical practitioner listed below to confirm the need for electricity to remain connected at the medically dependent person's address, and to re-confirm that need every 12 months:

1. Details of my medical condition, or
2. Details of the medical condition of the medically dependent person referred to above, and I confirm that I am authorized to act on behalf of that person.
   (Information may also be passed on to the relevant electricity lines company.)

Signature of patient or patient's parent/guardian or authorized representative

Please turn over to complete

Section two (to be completed by medical practitioner)

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Medical practitioner details

Medical practitioner name

Designation *For example, General Practitioner or Specialist.*

Medical practice centre *For example, health centre orsurgery.*

Daytime phone

Area code | Number

Mobile phone

Network code | Number

Email address

Medical details

Description of medical condition

Type of equipment requiring a continuoussupply of electricity

Duration for which equipment will be required

- ☐ Permanently require equipment
- ☐ Temporarily require equipment

Required until D D M M Y Y

Declaration by medical practitioner

I Medical practitioner state that Patient has a serious medical condition and needs electricity for medical reasons.

Signature of medical practitioner

Date D D M M Y Y

Medical practitioner's stamp

Important: This form will not be valid unless a medical practitioner's stamp is provided in the box below.

Customer Care Centre
Phone operating hours: 8am - 6pm (Mon-Fri)
106 Rosedale Road, Rosedale, North Shore City 0632
0800 00 9473(WISE)

W=P