



GREEN CROSS PROGRAM APPLICATION

NV Energy makes every effort to provide safe, reliable service to our customers. However, outages due to weather or equipment failure do occur. We recommend that you take the steps necessary to be prepared in the event the unexpected happens. A loss of power can potentially be life-threatening for those who rely on electronically-powered life-support equipment in their homes. Your participation in NV Energy's Green Cross Program will allow us to provide you with advance notifications of scheduled interruptions (planned outages) in electric service, due to repairs, upgrades to our system, etc.

Completion of this application does **NOT** allow for priority in restoration of utility services in the event of an unplanned outage and does **NOT** prevent disconnection for non-payment. If the individual using life-support equipment cannot be without power for any reason, NV Energy recommends developing alternate care plans. Please consult with your physician and/or medical equipment supplier regarding your particular medical needs. For billing assistance, please contact NV Energy customer service at **(702) 402-5555** to set up payment arrangements or to enroll in the Equal Payment program.

To qualify for the Green Cross Program the customer of record or other permanent resident of the location where electric service is being provided must either (1) utilize one or more of the life-support devices listed on the attached Certificate of Medical Necessity; or (2) have a medical condition that would make termination of service especially dangerous to their health and create a medical emergency.

To show that you **OR** another permanent resident of the service location qualifies please return the following items listed below:

- **The Green Cross Certificate of Medical Necessity completed by a Licensed Physician (Doctor of Medicine, Doctor of Osteopathic Medicine, Physician Assistant, Nurse Practitioner)**
- **The Green Cross Customer Statement and Limited Medical Release completed by customer/patient**
- **The Green Cross Customer of Record Acknowledgment and Confession of Judgement**
- **Delivery ticket for medical device(s) or Explanation of Benefits (EOB) from insurance company (dated within last 12 months)**
- **A copy of a valid photo ID that shows proof of residency where the services are provided (birth certificate is required for children under 18)**

Return completed application and documents to

**NV Energy
Customer Service MS 18
PO Box 98910
Las Vegas, NV 89195-0424
or FAX to: (702) 402-0340**



Required Document Checklist

To qualify for the Green Cross Program for life support equipment where electric service is being provided, we require you to submit the following:

*Failure to submit **all** required documentation will result in denial and/or delay of approval until **all** required documentation is received.*

- ☐ A copy of a valid photo ID that shows proof of residency where the services are provided (birth certificate is required for children under 18).
 - State issued ID or birth certificate of patient must be submitted with application for approval.
 - Address on ID must match NV Energy service address.
 - Must not be expired.

- ☐ Certificate of Medical Necessity completed by a licensed physician (Doctor of Medicine, Doctor of Osteopathic Medicine, Physician Assistant, Nurse Practitioner).

- ☐ Statement and Limited Medical Release completed by the patient or their representative.

- ☐ Customer of record acknowledgment and Confession of Judgment completed by the NV Energy customer of record.

- ☐ Delivery ticket for medical device(s) or Explanation of Benefits (EOB) from insurance company.
 - Service date within last 12 months.
 - Service address on delivery ticket or Explanation of Benefits must match NV Energy service address.



GREEN CROSS CERTIFICATE OF MEDICAL NECESSITY

To be completed by a Licensed Physician:

Patient's Name: _____

Patient's Address: _____

Licensed Physician's Statement:

I certify that if electric service is not available due to non-payment of electric bills, my patient
(Check One):

- ☐ will be inconvenienced and it will cause or aggravate a serious illness or infirmity, but their life will **not** be in immediate danger.
- ☐ will require **immediate** response from emergency personnel with life supporting equipment to sustain life **or** is confined to their home due to their medical condition

If patient is confined to home, reason for confinement: _____

Length of Use:

- ☐ Short-term (60 days or less)
- ☐ Long-term (60 days or longer)

Patient uses the following life support equipment **requiring** an electrical connection
(Check all that apply):

- ☐ Infant Apnea monitor
- ☐ Bi-level Positive Airway Pressure (BIPAP) (**minor child**)
- ☐ Continuous Positive Airway Pressure (CPAP) (**minor child**)
- ☐ Dialysis equipment of all types
- ☐ Gastrointestinal tract device
- ☐ Suction machine
- ☐ Ventilator, Respirator or Ventricular Assist Device
- ☐ Pulmonary machine, excluding portable mechanized inhalers such as
but not limited to nebulizers
- ☐ Oxygen concentrator (continuous use)
- ☐ Continuous IV feeding device
- ☐ Electric bed, chair, or lift used for medical reasons
- ☐ Infusion, inhalator IV pump

Licensed Physician's Name (Print/Stamp): _____

Address: _____

I.D. #: _____ Phone: _____ Date: _____

Signature of Licensed Physician: _____



GREEN CROSS CUSTOMER STATEMENT AND LIMITED MEDICAL RELEASE

To be completed by the Patient or Their Representative:

The patient named in this certificate who uses electronically-powered life-support equipment is a permanent resident at the service address listed in this application.

The patient named in this certificate understands that this certificate is valid only for the length of time the medical situation is certified to exist and recertification may be requested as needed to determine eligibility for the Green Cross Program.

The patient named in this certificate hereby gives permission to NV Energy to share their Green Cross information, including, but not limited to, their physical address, with local first responders and emergency responders during an emergency or disaster, and Public Safety Outage Management (PSOM) events.

Relation to Patient Using Life Support Equipment: **(Check one):**

☐ Self ☐ Spouse ☐ Parent or Guardian ☐ Agent with Power of Attorney

☐ Other (please specify): _____

Statement of Patient or Their Representative Using Life Support Equipment:

I certify the information I have provided to the Licensed Physician is true, and I authorize the release of the information on this certificate to NV Energy.

Name (Print Patient Name): _____

Patient/Representative Signature: _____

Date: _____



GREEN CROSS CUSTOMER OF RECORD ACKNOWLEDGMENT AND CONFESSION OF JUDGMENT

To be completed by the NV Energy Customer of Record:

I understand that this certificate does not relieve me of the obligation to pay for electrical service. If my account becomes past due (an "Event of Default") and the use of life-support equipment is documented by this certificate, electrical service may be extended. However, without payment or a payment arrangement, electrical service may be disconnected thereafter.

Confession of Judgment: If an Event of Default has occurred and continues for ninety (90) calendar days after receipt of written notice by NV Energy to the undersigned NV Energy Customer of Record and any guarantor of the NV Energy utility account in such default, in addition to any other legal and equitable remedies available to NV Energy, NV Energy shall be entitled to enter judgment in the sum of all such amounts due as duly authorized by the NV Energy Customer of Record's execution of this signed application.

By providing your phone numbers, you agree that NV Energy, its affiliates and agents may call you at these numbers. If this is a cell phone number you agree that we may contact you using an automatic dialer, including pre-recorded messages and/or text messages, even if your cell phone provider may charge you for calls according to your current plan. **Checking both Do Not Call boxes would make your account ineligible for the Green Cross Program**

NV Energy Account Number: _____

NV Energy Customer Name: _____

NV Energy Service Address: _____

Primary Contact Number: _____ ☐ Check for Do Not Call

Secondary Contact Number: _____ ☐ Check for Do Not Call

NV Energy Customer Signature: _____

○ *By typing my name above, I certify that this is my digital signature.*

Date: _____