

# Medical Equipment Registry Application



By completing this form, the account noted below will be added to Ameren Missouri's Medical Equipment Registry so you receive advance notice of planned outages and can make alternate arrangements for use of your medical equipment. Please note that since many conditions beyond our control can result in outages, we cannot guarantee uninterrupted electric service. We recommend that you develop an alternate plan and have a backup device or a standby power source to accommodate your medical needs.

Completion of this form does NOT prevent disconnection of electric service for nonpayment and does not provide priority restoration of utility service following an outage. **IF THIS FORM IS RETURNED INCOMPLETE OR WITH INCORRECT INFORMATION, IT WILL BE RETURNED AND POSSIBLY DELAYED.** For any questions, contact us at [HealthAndSafety@Ameren.com](mailto:HealthAndSafety@Ameren.com).

## CUSTOMER INFORMATION

*(To be completed in its entirety by the customer of record at the listed address.)*

Customer Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Service Address: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relation to Customer of Record: \_\_\_\_\_

*I hereby authorize my provider to provide the information below to Ameren Missouri in reference to use of electrically operated medical equipment in my home.*

## PROVIDER'S STATEMENT

*(To be completed in its entirety by attending provider. Must be a licensed medical professional.)*

Provider Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Provider Title: \_\_\_\_\_ License #: \_\_\_\_\_

Health Care Group Affiliation: \_\_\_\_\_

Patient Diagnosis/Condition: \_\_\_\_\_

*Indicate below the type of electrically operated medical equipment:*

☐ Oxygen concentrator ☐ Anesthesia machine ☐ Heart monitor ☐ Dialysis (all types)

☐ BiPAP (Bilevel Positive Airway Pressure) ☐ IV and nutrition pumps ☐ Apnea/Bradycardia monitor

☐ CPAP (Child) ☐ Home kidney (Peritoneal Cycler) dialysis ☐ Respirator

☐ Suction machine ☐ Ventilator ☐ Other \_\_\_\_\_

How often is the device used? \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## WAYS TO RETURN THIS FORM

### Ameren Missouri

P.O. Box 66149, Mail Code 330  
Saint Louis, MO 63166-9989

1.800.552.7583 (Phone)

1.314.259.3116 (Fax)

[HealthAndSafety@Ameren.com](mailto:HealthAndSafety@Ameren.com)

### Other Services

Speech & Hearing Impaired Phone: **711** or **1.800.735.2966**

Visually Impaired and Interpreter Service Phone: **1.800.552.7583**