



Customer Care

1-877-837-4968

Fax: (520) 545-1401

Email: MedAlert@uesaz.com

Monday through Friday
7 a.m. to 6 p.m.

¿Necesita esta información en
español?

Por favor, llame al 1-877-837-4968

uesaz.com

UniSourceEnergy
SERVICES

REV 3/25

MEDICAL DEVICE ALERT

UniSourceEnergy
SERVICES



Keeping you informed

If you or someone in your household uses a life-sustaining medical device or has a medical condition requiring continuous natural gas or electric service, outages can understandably cause real concern for you and your family.

Our Medical Device Alert program helps to keep you informed about service interruptions, their status and the estimated time of restoration. We also will notify you in advance of any planned electric outages affecting your residence.

How it works

When you return a completed certification by a licensed health care provider, UniSource Energy Services (UniSource) will place an alert on your account that someone in your household uses a life-sustaining medical device or has a medical condition requiring continuous natural gas or electric service. This helps us identify your service address and proactively communicate outage information to you to keep you updated.

To have an alert placed on your account, please complete the Customer Authorization Form and have your licensed health care provider complete the Licensed Medical Practitioner Certification Form.

Attach the form to the provider's letterhead or prescription form and mail it to:

UniSource Energy Services
Attn: Medical Device Alert Program
PO Box 711 CEC 200
Tucson, AZ 85702

Please note that the Medical Device Alert program is not a low-income or discount program and does not guarantee uninterrupted service. Customers must remain current on their account by paying their monthly bills.

Customer Authorization Form

I authorize UniSource to contact any sources necessary to establish the accuracy of information provided here or to obtain additional information pertaining to my eligibility to have an alert placed on my account. I further understand if I move, I must submit a new Licensed Medical Practitioner Certification Form that must be approved before the alert will be placed on the account for my new address.

I further authorize UniSource to provide my contact and account information (which includes usage, billing and past due balance information) to organizations that provide bill payment assistance to customers.

By completing and submitting this form, I am voluntarily providing the personal information required to establish eligibility for this program. UniSource uses this information only for the purpose of administering this program. For more information about how UniSource collects and uses customer information, please refer to our Privacy Policy at uesaz.com/privacy.

Customer Signature_____

Date_____

UniSource Account # _____

Emergency Contact Information

Name_____

Relationship_____

Phone Number_____

Detach for mailing

Licensed Medical Practitioner Certification Form

Physicians please attach this form to either your office letterhead or a prescription form.

Incomplete documentation will be returned directly to the customer.

I, _____, am a licensed medical practitioner.

License # _____

License Exp. Date _____

I certify that the patient named below is currently under my care.

Patient Name _____

Address _____

City, State, Zip _____

Phone Number _____

I certify the patient named on this form requires the use of a life-sustaining medical device or has a medical condition requiring continuous gas and/or electric service. The patient and I have discussed contingency plans in the event of an interruption in service.

Licensed Medical Practitioner Signature _____

Date _____

Address _____

City, State, Zip _____

Phone Number _____