



ORIGINAL

Florida Power & Light Company, 215 S. Monroe St., Suite 810, Tallahassee, FL 32301

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COMMISSION CLERK

June 11, 2004

VIA HAND DELIVERY

Ms. Blanca S. Bayó, Director
Division of the Commission Clerk and
Administrative Services
Florida Public Service Commission
Betty Easley Conference Center, Room 110
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Re: **Docket No. 040252-EI**
Petition for approval of revisions to Tariff Sheet No. 9.930, application
form for Medically Essential Service, by Florida Power & Light Company

Dear Ms. Bayó:

Enclosed for filing on behalf of Florida Power & Light Company ("FPL") are an original and fifteen (15) copies of FPL's Amended Petition for Approval of Revisions to its Tariff Sheet No. 9.930, the Application Form for Medically Essential Service (the "Amended Petition").

To address concerns raised by Staff regarding FPL's March 22, 2004 filing in the above-referenced docket, revisions were made to the documents in Composite Exhibit No. 2 and Exhibit No. 3 to FPL's Amended Petition. Where needed, FPL amended its March 22, 2004 Petition to reflect these changes.

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The major revisions, including references to any differences between the original and Amended Petition based on such revisions, are as follows:

ORIGINAL AND AMENDED PETITION
TARIFF SHEET FORWARDED

- 1) The Notice of Exclusion from Disclosure was originally filed as information regarding the general communication proposed for those MES customers/applicants who wished to be excluded from the release of MES Customer information by FPL to emergency response or disaster relief agencies. Additionally, the requirement for notarization of the form was removed. This form is now proposed as a new tariff Sheet No. 9.932, which is Exhibit 3 to FPL's Amended Petition. FPL amended its Petition

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FPSC-BUREAU OF RECORDS

DOCUMENT NUMBER-DATE

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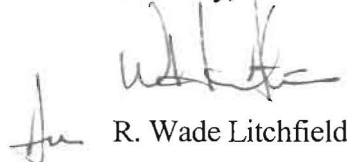
Ms. Blanca S. Bayó, Director
Division of the Commission Clerk and
Administrative Services
Florida Public Service Commission
June 11, 2004
Page 2

to reflect the inclusion of the proposed new tariff sheet as Exhibit 3 (added last sentence of ¶ 6, Amended Petition).

- 2) As originally filed, MES Customer information proposed to be released by FPL to emergency response or disaster relief agencies included the name of the patient medically dependent upon the electric powered equipment. The MES Customer information has been modified to exclude the patient's name and is limited to MES Customer account name and service address. FPL amended its Petition to reflect that the name of the person medically dependent upon the electric-powered equipment would not be disclosed (deleted from second sentence of ¶ 8, Amended Petition).
- 3) The Customer Application, Sheet No. 9.931, originally provided that the MES customer would pre-authorize the physician completing Part B - Physician's Certificate to provide FPL additional information or clarification regarding the information provided by the physician. The Physician's Certificate now simply provides that FPL reserves the right to contact the physician to verify the information provided by the physician. FPL will leave it to the physician to determine what, if any, additional patient authorization may be required to clarify the information furnished on the Physician's Certificate. FPL amended its Petition to reflect this change (changes to "2)" in the first sentence of ¶ 7, the first sentence of ¶ 11 and last sentence ¶ 12, Amended Petition).
- 4) The Physician's Certificate originally provided that the patient was to have been "seen" by the physician within the past 12 months. This has been modified to provide that the physician has seen and/or consulted with the patient within the past 12 months. FPL amended its Petition to reflect this change (changes to first sentence ¶ 13, Amended Petition).

Please contact me if you or your Staff have any questions regarding this filing.

Sincerely,


R. Wade Litchfield

RWL:ec
Enclosures

BEFORE THE
FLORIDA PUBLIC SERVICE COMMISSION

In re: Florida Power & Light Company's)
Petition for Approval of Revisions to its) DOCKET NO. 040252-EI
Tariff Sheet No. 9.930, the Application)
Form for Medically Essential Service) Filed: June 11, 2004

**FLORIDA POWER & LIGHT COMPANY'S AMENDED PETITION
FOR APPROVAL OF REVISIONS TO ITS TARIFF SHEET NO. 9.930,
THE APPLICATION FORM FOR MEDICALLY ESSENTIAL SERVICE**

NOW BEFORE THIS COMMISSION, through undersigned counsel, comes Florida Power & Light Company ("FPL" or the "Company") and hereby requests approval for revisions to its tariff Sheet No. 9.930, the Application Form for Medically Essential Service. In support of this Amended Petition, FPL states as follows:

1. FPL is a public utility subject to the jurisdiction of the Florida Public Service Commission ("Commission") under Chapter 366, Florida Statutes. FPL's General Offices are located at 9250 West Flagler Street, Miami, FL 33174.

2. Any pleading, motion, notice, order or other document required to be served upon the petitioner or filed by any party to this proceeding should be served upon the following individuals:

William G. Walker, III
Vice President
Florida Power & Light Company
215 South Monroe Street
Suite 810
Tallahassee, FL 32301-1859
(850) 521-3910
(850) 521-3939 (telecopier)

R. Wade Litchfield
Senior Attorney
Florida Power & Light Company
700 Universe Boulevard
Juno Beach, Florida 33408-0420
(561) 691-7101
(561) 691-7135 (telecopier)

3. Pursuant to Rule 25-6.105(11) of the Florida Administrative Code, the Company is required to include as part of its tariff a procedure for the discontinuance of service when that service is medically essential (“MES Procedure”). FPL’s MES Procedure is outlined in section 1.65 of its General Rules and Regulations for Electric Service (“General Rules”), appearing on the First Revised Sheet No. 6.011 of the Company’s tariff, and includes a customer application form for Medically Essential Service on Fourth Revised Sheet No. 9.930.

4. The Commission addressed FPL’s MES Procedure in Docket No. 990293-EI, issuing Order No. PSC-99-0930-TRF-EI approving revisions to FPL’s General Rules pertaining to Medically Essential Service and an application form for Medically Essential Service, tariff Sheet No. 9.930. Effective November 15, 2002, the definition of MES Customer was amended by administrative approval to comport with new requirements enacted by the Florida Legislature codified in section 366.15, Florida Statutes (2002). See Commission Authority No. E-02-22, Administrative Approval dated November 18, 2002, attached hereto as Exhibit 1.

5. The Company now proposes additional limited revisions to the Application for Medically Essential Service, tariff Sheet No. 9.930. None of these revisions is intended to affect section 1.65 of the Company’s General Rules pertaining to Medically Essential Service previously approved by the Commission.

6. Specifically, the Company proposes to include additional Customer acknowledgements and releases in the application form used by FPL to qualify a customer as a “Medically Essential Service Customer,” (“MES Customer”) consisting of Part A: Customer Application, and Part B: Physician’s Certificate. FPL has reformatted the application form, moving Part B to a separate sheet, new Sheet No. 9.931. Legislative and final formats of FPL’s

proposed Fifth Revised Sheet No. 9.930 and new Sheet No. 9.931 are attached hereto as Composite Exhibit 2. Because of the shifts in text and other changes due to the reformatting, the legislative version of Sheet No. 9.930 may be of limited value as a point of reference. For this reason, Composite Exhibit 2 also includes a comparison of the current and revised form, showing text-only changes. In addition, FPL is proposing a new tariff Sheet No. 9.932 Notice of Exclusion From Disclosure attached as Exhibit 3.

7. FPL's proposed changes include: 1) adding language authorizing FPL to release limited MES Customer information to certain agencies and other entities charged with emergency response and disaster relief; 2) reserving FPL's right to verify the accuracy of information provided on the Physician's Certificate; 3) adding a signature line on the application form for the patient, and other similar changes, in recognition of the fact that the customer of record and patient may not be the same person; and 4) adding a notice at the bottom of the form reminding those who complete the application of the importance of providing true and correct information. Items 1 and 2 are discussed in more detail below.

8. The Company is proposing changes to the application form that would enable FPL to furnish certain information regarding its MES Customers upon request from federal, state, or local governmental authorities charged with emergency response or disaster relief or prevention functions, or from private entities authorized by congressional charter to assist in disaster relief efforts, e.g., The American Red Cross. FPL is proposing, upon request of such entities, to disclose MES Customer information, consisting of the customer name and service addresses provided by the customer-applicant in Part A of the application form. Various agencies have advised FPL that the purpose of such requests is to enable the requesting agency to better identify

individuals who may need special assistance in the event of emergency response or disaster relief.

9. The Company's policy is not to release MES Customer information without the express written consent of the MES Customer. Thus, FPL is proposing to receive pre-authorization from MES Customers at the time they complete their application for designation as an MES Customer for the release of this information to applicable governmental and public interest agencies. Although customers may obtain status as MES Customers without agreeing to the disclosure of this information simply by submitting to FPL a completed Notice of Exclusion from Disclosure, it is anticipated that most MES Customers will agree to have their information furnished upon the request of such agencies. The proposed form of Notice of Exclusion from Disclosure, new tariff Sheet No. 9.932, is attached hereto as Exhibit 3. By obtaining pre-authorization of Customers for the release of this information, FPL will be able to satisfy future requests for information on a timely basis without the need to individually contact the thousands of MES Customers.

10. Although authorizing FPL to release such information to certain requesting agencies, the Customer also must acknowledge that the Company is not undertaking an obligation to contact governmental and private entities and assumes no liability in that regard. For example, the information may not be requested at all, or may not be maintained properly in the files of the requesting agency. In any event, the Company does not wish to assume obligations or liability on behalf of itself or its other customers with respect to the disclosure of, or the failure to disclose, such information to relevant authorities or agencies. It has always been the case, to ensure that his or her name and address or other information are provided to and

maintained by relevant governmental or other agencies, the MES Customer should furnish the information directly to those entities. However, to facilitate that contact, FPL reminds all new and renewing MES Customer applicants to register with their local office of emergency management and to keep the American Red Cross phone number readily available. FPL also provides MES Customers agency contact information upon request.

11. Another objective of the proposed changes to Part B of the Physician's Certificate is to recognize that FPL, reserves the right to contact the physician who completes the Physician's Certificate, Part B of the application, to verify the information provided. The reason for this change is that some of the Physician's Certificates are returned to FPL with incomplete or vague descriptions of the reasons or medical condition offered in support of qualifying the customer as an MES Customer. Although FPL does not propose to exercise independent "medical" judgment in reviewing a physician's certificate, there are instances in which simply on the face of the information provided it would be unreasonable to assume that the applicant meets the definition of an MES Customer, and additional information or clarification is required.

12. As reflected in the attached Affidavit of Heidi D. Ellenberger, attached hereto as Exhibit 4, FPL occasionally receives physician's certificates that specify air conditioning, electric beds, electric wheelchairs and small refrigerators as "electric-powered equipment" that must be operated to avoid the "loss of life" or "immediate hospitalization," with little or no further explanation. Without additional information it is often difficult to see how the loss of use of such common equipment could result in the "loss of life" or "immediate hospitalization." The proposed changes to the Physician's Certificate will allow FPL to obtain the necessary clarifications.

13. A related change is the addition of a phrase in Part B of the application requiring the physician to affirmatively acknowledge that he/she has seen and/or consulted with the patient within the last twelve months. In submitting the initial application form for approval of the Commission, FPL assumed that the phrase “under my care” would imply that the physician had seen the patient recently enough to be in a position to provide meaningful and relatively current information in the completion of Part B of the form. In fact, in one case, FPL found that a physician completing the form for a patient had not seen the patient in several years. While such situations likely are not common, adding a little clarity in this regard can only improve the accuracy of information furnished by the physician.


14. Following Commission approval of the above-referenced revisions to FPL’s tariff, FPL intends to provide the revised Customer Application to all customers initially applying for Medically Essential Service. Customers currently identified in the Company’s database as MES Customers would be provided the revised Customer Application at the expiration of their currently effective certificate. Consequently, FPL expects that twelve months subsequent to the Commission’s approval of the proposed revisions all MES Customers will be qualified pursuant to the new application form.

15. The Company’s proposed changes do not effect any change in rates or charges and, thus, have no impact on the Company’s gross annual revenues.

WHEREFORE, for the above and foregoing reasons, Florida Power & Light Company respectfully requests that the Commission grant this Petition for Approval of Revisions to its Tariff Sheet No. 9.930, The Application Form for Medically Essential Service, and that FPL’s tariff be modified in accordance herewith to include the revised tariff Sheet No. 9.930, and new

tariff Sheet Nos. 9.931 and 9.932.


Respectfully submitted,

By: 
R. Wade Litchfield
Florida Authorized House Counsel
Attorney for
Florida Power & Light Company
700 Universe Boulevard
Juno Beach, Florida 33408-0420
(561) 691-7101
(561) 691-7135 telecopier

CERTIFICATE OF SERVICE
Docket No. 040252

I HEREBY CERTIFY that a true and correct copy of the foregoing Amended Petition for Approval of Revisions to FPL Tariff Sheet No. 9.930, the Application Form for Medically Essential Service, has been served by hand delivery (*) this 11th day of June, 2004, to the following:

Martha Brown*
Office of the General Counsel
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

By: 
R. Wade Litchfield

Florida Power & Light Company
FPSC Docket No. _____
Petition for Approval of Revisions to Its
Tariff Sheet No. 9.930

COMPOSITE EXHIBIT NO. 2
Legislative and Final Formats
Proposed Fifth Revised Sheet No. 9.930
Original Sheet No. 9.931
Comparison of Current and Revised Form Text-Only Changes

MEDICALLY ESSENTIAL SERVICE

In order for Florida Power & Light Company to determine whether a customer is eligible for designation as a Medically Essential Service ("MES") Customer, Part A must be completed and signed by the Customer and the Patient or Guardian (if other than the Customer). Part B is to be completed by the Patient's physician and the entire form consisting of both Part A and Part B returned directly to FPL at the following address: FPL,

Part A: CUSTOMER APPLICATION

FPL Account No.: _____
Customer Name: _____ Social Security No.: _____
Service Address: _____
City, State, Zip: _____
Daytime Area Code & Telephone Nos.:() _____ - _____ and/or () _____ - _____
Name of Patient Using Equipment: _____ Patient's Physician: _____

To the best of my knowledge and belief, the Patient identified above is medically dependent on electric-powered equipment that must be operated continuously or as circumstances require as specified by the Patient's physician to avoid the loss of life or immediate hospitalization. The Patient is a permanent resident at the Service Address identified above. I agree to notify FPL when this equipment is no longer in use. FPL has fully explained how my account will be handled regarding any collection action due to non-payment of the bill. **I understand that FPL does not guarantee uninterrupted service or assign a priority status to my account for service restoration during outages. I understand that I must be prepared with backup medical equipment and/or power and a planned course of action in the event of prolonged outages.** I agree that FPL, upon request of federal, state, or local governmental authorities whose duties or functions include emergency response or disaster relief or prevention, or private entities authorized by congressional charter to assist in disaster relief efforts, may disclose to such requesting entity the following MES information: the MES Customer name and service address. However, I also understand that FPL may not receive any such requests for this MES information and that FPL has no obligation to release this MES information to any such entity. In order to be excluded from the disclosure by FPL of the MES information on this form, I must contact FPL to request a Notice of Exclusion From Disclosure. The Notice of Exclusion From Disclosure must be returned to FPL, as provided with the Notice of Exclusion From Disclosure, and will be effective upon FPL's receipt of such properly completed Notice. If I wish to ensure that the MES and/or any additional information regarding the Patient's condition is furnished to any such entity, I will contact the relevant authorities and provide the MES and/or additional information myself. **I/We agree to hold FPL harmless from any claim based on or related to the disclosure of my information by or to FPL, or any failure of FPL to disclose the MES information whether advertent or inadvertent and whether or not the MES information was requested.**

_____ Date _____, 20____
Customer Signature

_____ Date _____, 20____
Patient's or Guardian's Signature (if other than the Customer)

WARNING – PART A – CUSTOMER APPLICATION: Knowingly making a false or misleading statement in completing the Customer Application could result in the denial or termination of the medically essential service certification.

(continued on sheet no. 9.931)

Medically Essential Service

MEDICALLY ESSENTIAL SERVICE

In order for Florida Power & Light Company to determine whether a customer is eligible for designation as a Medically Essential Service ("MES") Customer, Part A must be completed and signed by the customer and the Patient or Guardian (if other than the Customer). Part B is to be completed by the patient's physician and the entire form consisting of both Part A and Part B returned directly to FPL at the following address:

FPL, _____

*****PLEASE TYPE OR PRINT CLEARLY*****

Part A: CUSTOMER APPLICATION

Date: _____ FPL Account No.: _____

Customer Name: _____ Social Security No.: _____

Service Address: _____

City, State, Zip: _____

Daytime Area Code & Telephone Nos.:() _____ and/or () _____

Name of Patient Using Equipment: _____ Patient's Physician: _____

To the best of my knowledge and belief, the Patient identified above is medically dependent on electric-powered equipment that must be operated continuously or as circumstances require as specified by the Patient's physician to avoid the loss of life or immediate hospitalization. The Patient is a permanent resident at the Service Address identified above. I agree to notify FPL when this equipment is no longer in use. FPL has fully explained how my account will be handled regarding any collection action due to non-payment of the bill. I understand that FPL does not guarantee uninterrupted service or assign a priority status to my account for service restoration during outages. I understand that I must be prepared with backup medical equipment and/or power and a planned course of action in the event of prolonged outages. I agree that FPL, upon request of federal, state, or local governmental authorities whose duties or functions include emergency response or disaster relief or prevention, or private entities authorized by congressional charter to assist in disaster relief efforts, may disclose to such requesting entity the following MES information: the MES Customer name and service address. However, I also understand that FPL may not receive any such requests for this MES information and that FPL has no obligation to release this MES information to any such entity. In order to be excluded from the disclosure by FPL of the MES information on this form, I must contact FPL to request a Notice of Exclusion From Disclosure. The Notice of Exclusion From Disclosure must be returned to FPL, as provided with the Notice of Exclusion From Disclosure, and will be effective upon FPL's receipt of such properly completed Notice. If I wish to ensure that the MES and/or any additional information regarding the Patient's condition is furnished to any such entity, I will contact the relevant authorities and provide the MES and/or additional information myself. I/We agree to hold FPL harmless from any claim based on or related to the disclosure of my information by or to FPL, or any failure of FPL to disclose the MES information whether advertent or inadvertent and whether or not the MES information was requested.

Date _____, 20____
Customer Signature

Date _____, 20____
Patient's or Guardian's Signature (if other than the Customer)

WARNING – PART A – CUSTOMER APPLICATION: Knowingly making a false or misleading statement in completing the Customer Application could result in the denial or termination of the medically essential service certification.

Customer Name: _____ Social Security No.: _____

Service Address: _____

City, State, Zip: _____

Daytime Area Code & Telephone Nos.: (____) _____ and/or (____) _____

Name of Person Using Equipment: _____ User's Physician: _____

FPL has fully explained how my account will be handled regarding any collection action due to non-payment of the bill. I verify that I am a permanent resident at the service address listed above. I understand that FPL does not guarantee uninterrupted service or assign a priority status to my account for service restoration during outages. I understand that I must be prepared with backup equipment and/or power and a planned course of action in the event of prolonged outages. I agree to notify FPL when this equipment is no longer in use.

Customer Signature: _____ Date: _____

Part B: PHYSICIAN'S CERTIFICATE

Physician's Name: _____ Physician's License #: _____

Physician's Address: _____

Physician's Area Code & Telephone Nos.: (____) _____ and/or (____) _____

I, _____, duly licensed and authorized to practice
[Name of physician]

medicine in the State of Florida, hereby certify that _____

[Name of patient]

who resides at _____

[Patient's place of residence]

and who is under my care, depends upon electric-powered equipment that must be operated continuously or as circumstances require as specified below in order to avoid the loss of his/her life or serious medical complications requiring his/her immediate hospitalization. The medically essential equipment upon which this patient relies is described as follows:

The patient uses this equipment _____ hours within each twenty-four (24) hour period. Following is why, in my opinion, this patient needs the continuous or specified use of this equipment in order to avoid the loss of his/her life or serious medical complications requiring his/her immediate hospitalization: [Attach additional pages if necessary]

Physician's Signature _____ Date _____

This certificate shall be deemed valid for a period of twelve (12) months from the date the certificate is accepted by FPL for purposes of determining that a customer qualifies as a Medically Essential Service Customer within the meaning of Section 1.65 of the Company's General Rules and Regulations for Electric Service, or that such designation should be renewed. (continued on sheet no. 9.931)

(continued from sheet 9.930)

Part B: PHYSICIAN'S CERTIFICATE

Physician's Name: _____ Physician's License #: _____

Physician's Address: _____

Physician's Area Code & Telephone Nos.: (____) _____ - _____ and/or (____) _____ - _____

I, _____, duly licensed and authorized to practice medicine in the
[Name of physician]

State of Florida, hereby certify that _____,
[Name of patient]

who resides at _____,
[Patient's place of residence]

is under my care, has been seen by and/or has consulted with me within the past 12 months, and depends upon electric-powered equipment that must be operated continuously or as circumstances require as specified below in order to avoid the loss of his/her life or serious medical complications requiring his/her immediate hospitalization. The medically essential equipment upon which this patient relies is described as follows: _____

The patient uses this equipment ____ hours within each twenty-four (24) hour period. The following medical condition is why, in my opinion, this patient needs the continuous or specified use of this equipment in order to avoid the loss of his/her life or serious medical complications requiring his/her immediate hospitalization: [Attach additional pages if necessary] _____

_____, 20____
Physician's Signature Date

WARNING – PART B – PHYSICIAN'S CERTIFICATE: False certification of medically essential service by a physician is a violation of s. 458.331(1)(h) or s. 459.015(1)(i), Fla. Stat. and constitutes grounds for discipline, penalties and/or enforcement.

This certificate shall be deemed valid for a period of twelve (12) months from the date the certificate is accepted by FPL for purposes of determining that a customer qualifies as a Medically Essential Service Customer within the meaning of Section 1.65 of the Company's General Rules and Regulations for Electric Service, or that such designation should be renewed. FPL reserves the right to verify the accuracy of the information provided on this Physician's Certificate.

MES CUSTOMER APPLICATION & PHYSICIAN'S CERTIFICATE
COMPARISON of CURRENT and REVISED FORM
TEXT-ONLY CHANGES

MEDICALLY ESSENTIAL SERVICE

In order for Florida Power & Light Company to determine whether a customer is eligible for designation as a Medically Essential Service ("MES") Customer, Part A must be completed and signed by the ~~customer~~ Customer and ~~the Patient or Guardian (if other than the Customer).~~ Part B is to be completed by the ~~patient's~~ Patient's physician and the entire form consisting of both Part A and Part B returned directly to FPL at the following address:

_____ FPL,

Part A: CUSTOMER APPLICATION

~~FPL has fully explained how my account will be handled regarding any collection action due to non-payment of the bill. I verify that I am a permanent resident at the service address listed above. To the best of my knowledge and belief, the Patient identified above is medically dependent on electric-powered equipment that must be operated continuously or as circumstances require as specified by the Patient's physician to avoid the loss of life or immediate hospitalization. The Patient is a permanent resident at the Service Address identified above. I agree to notify FPL when this equipment is no longer in use. FPL has fully explained how my account will be handled regarding any collection action due to non-payment of the bill. I understand that FPL does not guarantee uninterrupted service or assign a priority status to my account for service restoration during outages. I understand that I must be prepared with backup medical equipment and/or power and a planned course of action in the event of prolonged outages. I agree to notify FPL when this equipment is no longer in use. I agree that FPL, upon request of federal, state, or local governmental authorities whose duties or functions include emergency response or disaster relief or prevention, or private entities authorized by congressional charter to assist in disaster relief efforts, may disclose to such requesting entity the following MES information: the MES Customer name and service address. However, I also understand that FPL may not receive any such requests for this MES information and that FPL has no obligation to release this MES information to any such entity. In order to be excluded from the disclosure by FPL of the MES information on this form, I must contact FPL to request a Notice of Exclusion From Disclosure. The Notice of Exclusion From Disclosure must be returned to FPL, as provided with the Notice of Exclusion From Disclosure, and will be effective upon FPL's receipt of such properly completed Notice. If I wish to ensure that the MES and/or any additional information regarding the Patient's condition is furnished to any such entity, I will contact the relevant authorities and provide the MES and/or additional information myself. I/We agree to hold FPL harmless from any claim based on or related to the disclosure of my information by or to FPL, or any failure of FPL to disclose the MES information whether advertent or inadvertent and whether or not the MES information was requested.~~

_____ Date _____, 20____

Customer Signature

_____ Date _____, 20____

Patient's or Guardian's Signature (if other than the Customer)

WARNING – PART A – CUSTOMER APPLICATION: Knowingly making a false or misleading statement in completing the Customer Application could result in the denial or termination of the medically essential service certification.

(continued on sheet no. 9.931)

MES CUSTOMER APPLICATION & PHYSICIAN'S CERTIFICATE
COMPARISON of CURRENT and REVISED FORM
TEXT-ONLY CHANGES

(continued from sheet 9.930)

Part B: PHYSICIAN'S CERTIFICATE

~~and who~~ is under my care, has been seen by and/or has consulted with me within the past 12 months,
and depends upon electric-powered equipment that must be operated continuously or as circumstances
require as specified below in order to avoid the loss of his/her life or serious medical complications
requiring his/her immediate hospitalization. The medically essential equipment upon which this patient _____
relies is described as follows:

The patient uses this equipment _____ hours within each twenty-four (24) hour period.
~~Following~~The following medical condition is why, in my opinion, this patient needs the continuous or
specified use of this equipment in order to avoid the loss of his/her life or serious medical complications
requiring his/her immediate hospitalization: *[Attach additional pages if necessary]*

This certificate shall be deemed valid for a period of twelve (12) months from the date the certificate is
accepted by FPL for purposes of determining that a customer qualifies as a Medically Essential Service
Customer within the meaning of Section 1.65 of the Company's General Rules and Regulations for Electric
Service, or that such designation should be renewed. FPL reserves the right to verify the accuracy of the
information provided on this Physician's Certificate.

WARNING – PART B – PHYSICIAN'S CERTIFICATE: False certification of medically essential
service by a physician is a violation of s. 458.331(1)(h) or s. 459.015(1)(i), Fla. Stat. and constitutes grounds for
discipline, penalties and/or enforcement.

Florida Power & Light Company
FPSC Docket No. _____
Petition for Approval of Revisions to Its
Tariff Sheet No. 9.930

EXHIBIT NO. 3
Notice of Exclusion From Disclosure

Return to FPL at: _____

This Notice of Exclusion From Disclosure will be effective upon FPL's receipt of this properly completed Notice and will remain in effect until FPL is advised by the customer in writing to discontinue this Notice of Exclusion From Disclosure, regardless of any transfer of service to a different service address and/or a different FPL Account Number.

FLORIDA POWER & LIGHT COMPANY
 MEDICALLY ESSENTIAL SERVICE
NOTICE OF EXCLUSION FROM DISCLOSURE

Date: _____ FPL Account No.: _____

Customer Name: _____ FPL Customer Number: _____

Service Address: _____

City, State, Zip: _____

Daytime Area Code & Telephone Nos.: (____) _____ - _____ and/or (____) _____ - _____

Name of Patient Using Equipment: _____ Patient's Physician: _____

I understand that **FPL** may be requested to furnish customer names and service addresses of customers who are designated as Medically Essential Service customers, as provided in the Customer Application for Medically Essential Service, to federal, state, or local governmental authorities whose duties or functions include emergency response or disaster relief or prevention, or private entities authorized by congressional charter to assist in disaster relief efforts. I hereby direct FPL NOT TO DISCLOSE such information relative to the FPL Customer Number specified above. I understand and agree that because of my directive to FPL, such requesting agency(ies) will not have any information regarding the medically essential service designation for my electric service specified above unless and until it is specifically provided by me. If I wish to ensure that information regarding the medically essential service designation for this electric service is furnished to any such entity, I will contact the relevant authorities and provide the information myself. I/We agree to hold FPL harmless from any claim based on or related to the lack of disclosure of my information including any personal injury or harm that may be a result of this lack of disclosure to such requesting entities for the purpose of emergency response or disaster relief or prevention.

 Signature of FPL Customer

Date _____, 20 _____

 Signature of Patient or Guardian (if other than Customer)

Date _____, 20 _____