	Payment Services	SOP Name	Special Payment Arrangements
		Revision #	0001
		Implementation Date	08/01/2018
		Last Reviewed/Update Date	February, 2020
SOP Owner	Dianna Walmsley	Approval	<i>Stacey White</i>

Standard Operating Procedure (SOP)

1. Purpose

To ensure consistency with each Member in regards to payment provisions.

2. Scope

This procedure applies to all Members in the AEC service area.

3. Procedure

A) Balance Forward


1. A customer will be allowed to carry forward a balance of \$30.00 each month. Carrying forward a balance will prevent disconnection but the Member will still be responsible for penalties.

B) Disconnect Extension: Periodically Members will request to have a disconnect extension. The following procedure shall be followed for those requests.

1. Members will be allowed to extend up to 7 days beyond the disconnect date for an additional fee of \$20.00 per occurrence.
2. Members will not qualify for a disconnect extension if the balance from the prior month has not been paid in full.
3. Disconnect extensions will be documented in CMB utilizing the SPA feature and the fee will be added under collections.
4. After collection fee has been added it should be series posted immediately in order to give the Member an updated balance to be paid on day 7. If payment is not made in full the Member will be disconnected on the 8th day.
5. Special payment arrangements will not exempt the Member from penalties and late fees. Members utilizing special payment arrangements will also not be allowed to carry over 30.00 for that month.

C) Medical Extensions

1. In order to provide consideration for a medical extension the Member must provide a completed medical necessity form. See Exhibit 1
2. The medical necessity form must be completed by a medical doctor or nurse practitioner certifying that the disconnection of electric service would create a life-threatening medical situation for the Member or other permanent resident of the customer's household.


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3. Upon receipt of the medical necessity form, disconnection of service will be postponed for 30 days from the original due date. Any penalties or late fees will still apply.
4. Medical extensions must be documented in CMB under the special handling message box.
5. Information documented must show the date in which the medical extension will expire.
6. AEC will only grant this postponement for termination 3 times in a calendar year. The number of extensions will be tracked through special handling messages on CMB.

4. References

TVA Regulatory Framework
TVA Regulatory Review Finalized August 16, 2018

My signature above indicates that I have received this SOP, and I understand that I am encouraged to discuss any concerns with my supervisor.

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Medical Certification
Arab Electric Cooperative Inc.

The following is to be completed by a licensed medical professional and only after you, or someone in your office, has examined the individual whose name appears as the patient on the form below. This form applies only in situations where, in your professional opinion, termination of electrical utility service would be especially dangerous to the health of that individual. If, in your professional opinion an especially dangerous situation does not exist, please do not sign this form.

If you have any questions regarding this form, please contact: Arab Electric at 256-586-3196

I certify that, to the best of my knowledge, the information provided below is true.

The following medical information must be certified by one of the following. Please indicate if you are a: licensed physician certified nurse practitioner

Please complete the following. Please print.

I certify that my patient has been examined by me and I have determined the following to be true: Name of patient: _____

Patient's permanent residence: (street address) _____
(city, state, zip code) _____

Local Power Company Location #: _____

Check the box of the applicable condition:

- This patient suffers from a hazardous medical condition and termination of electrical utility service would be especially dangerous or life- threatening.
- This patient uses medical or life-supporting equipment and termination of electrical utility service would make operation of that equipment impossible or impractical.

I certify that I advised my patient that disclosure of the requested information may be subject to re-disclosure by the recipient and no longer be protected by the HIPAA rules and regulations.

Authorized Signature _____

Date _____

(Please Print) Name of Licensed Medical Professional _____

Business Address _____

Business Telephone _____

Current State License or Certificate Number: _____

All sections must be fully completed in order to process the medical certification request. This Certification does not in any way remove the obligation to pay for services received or to be received by Arab Electric Cooperative Inc.

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