

Medical Necessity Utility Shutoff Prevention Form

Instructions: This form must be completed by a licensed medical professional to prevent the termination of utility services due to a medical emergency or reliance on life-support equipment. Please print and complete all sections clearly.

Section 1: Account Holder & Patient Information

Account Holder's Full Name:

Utility Account Number:

Service Address:

City: State: ZIP Code:

Patient's Name (if different from Account Holder):

Relationship to Account Holder:

Section 2: Medical Professional Certification

This section must be completed by a licensed physician, physician assistant, or nurse practitioner.

Medical Professional's Name:

Professional Title/Credentials:

License Number: State of Licensure:

Clinic/Hospital Name:

Office Address:

Office Phone Number:

Section 3: Medical Necessity Details

Diagnosed Medical Condition(s):

Specify essential life-support equipment or medical devices requiring utility service (e.g., ventilator, oxygen concentrator, dialysis machine, critical temperature control):

Estimated Duration of Medical Necessity (e.g., 3 months, 1 year, Permanent):

Section 4: Signatures

By signing below, the medical professional certifies that the termination of utility service would be especially dangerous to the patient's health or life.

Medical Professional Signature: Date (MM/DD/YYYY):

By signing below, the account holder authorizes the medical provider to release information necessary to verify the medical necessity to the utility company.

Customer/Account Holder Signature: Date (MM/DD/YYYY):