

Medical Certification for Temporary Shutoff Protection (General) Template

(Place on official practice letterhead)

[Date]

To: [Utility Company Name]

Re: Medical Certification for Utility Account—[Patient full name]

Patient name: [Patient Full Name]

Date of birth: [MM/DD/YYYY]

Service address: [Service Street Address, City, State, ZIP]

Utility account holder (if different than patient): [Account Holder Full Name]

The loss of electricity, gas, or steam service will aggravate a medical condition (e.g., chronic, terminal, or otherwise serious in nature). Please maintain services for at least ___ days to protect the health and safety of the patient.

Provider name: [Provider Full Name, MD/DO/NP/PA]

License number: [License #]

Practice name / address: [Practice Name, Street Address, City, State, ZIP]

Phone: [Practice phone number]

Provider signature

Life-Support Equipment (LSE) Certification Template

(Place on official practice letterhead)

[Date]

To: [Utility Company Name]

Re: Life-Support Equipment Certification—[Patient full name]

Patient name: [Patient Full Name]

Date of birth: [MM/DD/YYYY]

Service address: [Service Street Address, City, State, ZIP]

Utility account holder (if different than patient): [Account Holder Full Name]

The patient relies on life-support equipment that depends on continuous electricity (or gas/steam). Loss of power would place the patient at risk of serious harm or inability to sustain life. Please apply a Life Support Equipment Protection for this household.

Provider name: [Provider Full Name, MD/DO/NP/PA]

License number: [License #]

Practice name / address: [Practice Name, Street Address, City, State, ZIP]

Phone: [Practice phone number]

Provider signature

Note to Providers

These letters must be completed on official letterhead and include all fields shown above. Please avoid including detailed diagnosis information to provide only the minimum necessary information required of the medical condition or that life-support equipment is necessary. Utilities may, at their discretion, require patients to renew medical certifications every 30 days. When appropriate, providers are encouraged to request a longer protection period (such as 60 days or more) to ensure continuity of service and reduce the need for frequent resubmissions.