



Medical Certification Form

To Physicians and Public Health Officials: This form has been approved by the Michigan Public Service Commission for your use in verifying a medical condition of this patient that justifies a hold on shutting off utility service.

Instructions

A customer may provide a signed medical emergency hold request to postpone the discontinuance of utility service or restore service. **For power to remain on, this certificate needs to be completed and returned to your utility within 3 business days.** If utility service is a necessity, you must make other arrangements for on-site back-up capabilities or other alternatives in the event of loss of service.

If a customer submits a medical emergency hold request signed by a physician or public health official, along with the additional required information listed below, the City of Gladstone will suspend shutoff action for at least 21 days, and services will be restored, where applicable. The customer may be charged a deposit to the account for service restoration due to disconnection for non-payment.

Approval of this form does not prevent shut-offs indefinitely. You must take steps to resolve unpaid bills to avoid service termination in the future. You may also call UPCAP at 211 for free confidential service that links people with local community-based organizations across the state that can help with utility assistance and other needs.

These definitions apply in using this form:

Medical Emergency - an existing medical condition of the customer or a member of the customer's household, as defined and certified by a physician or public health official on this medical certification form, that will be aggravated by the lack of utility service. A utility shall postpone disconnection for no longer than 21 days if the customer or member of customer's household has a certified medical emergency. Please note, additional certificates are required to extend postponement of shutoff. Postponement of shutoff for medical emergency conditions shall not exceed 63 days within a rolling calendar year from first postponement.

Critical Care Customer - means any customer who requires, or has a household member who requires, home medical equipment or a life support system, and who, on an annual basis, provides this medical certification form from a physician or medical facility, to the utility, identifying the medical equipment or life support system and certifying that an interruption of service would be immediately life-threatening. Disconnection of utility service for Critical Care customers shall be postponed on an annual basis. (A new Medical Certification Form must be completed and submitted).

TO MAKE A REQUEST FOR A MEDICAL HOLD:

- Section 1** of the Medical Certification Form to be completed by resident of household requiring Medical Emergency Hold or by legal parent or guardian if patient is under the age of 18.
- Section 2** of the Medical Certification Form to be completed by utility customer of record.
- Section 3** of the Medical Certification Form to be completed by physician or Public Health Official.
- Return the completed form** and valid identification to City of Gladstone.

email: plebombard@gladstonemi.org
 Fax number: (906) 428-3122

This form must be complete and legible to be processed. All information is required unless otherwise indicated. Completed forms will be processed within one business day. If you have any questions, please contact Patti at (906) 428-3737 prompt 1 ext 2.

SHUTOFF OF CRITICAL CARE CUSTOMERS OR MEDICAL EMERGENCY. Shutoff shall be postponed for not more than 21 days if the customer or a member of the customer's household is a Critical Care Customer or has a certified Medical Emergency. The customer's certification shall identify the medical condition, any medical or life-supporting equipment being used, and the specific time period during which the shutoff of service will aggravate the medical emergency. Certification must come from a physician or medical clinic on the physician's or medical clinics letterhead or other form which identifies issuer.

Shut off may be extended for further periods of not more than 21 days, not to exceed a total postponement of shutoff of service of 63 days, only if the customer provides additional certification that the customer or a member of the customer's household is a Critical Care Customer or has a certified Medical Emergency.

If shutoff of service has occurred without any postponement being obtained, the service shall be restored for not more than 21 days if the customer provides proper certification that the customer or a member of the customer's household is a Critical Care Customer or has a certified Medical Emergency, and shall continue for further periods of not more than 21 days, not to exceed a total of 63 days in any 12-month period per household member. Annually shutoff extensions totaling more than 126 days per household will not be given.

If the customer has agreed to make a payment within ten (10) days of the date of the Critical Care Customer and Medical Emergency Agreement and fails to make that payment, the City will issue the Second Shutoff Notice. If the customer fails to make a scheduled payment that is more than ten (10) days past the date of the Critical Care Customer and Medical Emergency Agreement, the City will issue the First and Second Shutoff Notices.

To keep the customer's medical information confidential, the City will review the information provided and may immediately return it to the customer, shred the information, or store the information in a secure location similar to that required for employee's personnel or medical records.

"Critical care customer" means a customer who requires, or has a household member who requires, home medical equipment or life support system that *requires* electricity, and who has provided appropriate documentation from a physician or medical facility to the provider identifying the medical equipment or life-support system and certifying that an interruption of service would be immediately life threatening.

"Life support equipment" includes, but is not limited to, respirators, iron lungs, hemodialysis machines, suction machines, electric nerve stimulator, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers, compressors, intermittent positive pressure breathing (IPPE) machines.

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To Physicians and Public Health Officials: This form has been approved by the Michigan Public Service Commission for your use in verifying a medical condition of this patient that justifies a hold on shutting off utility service.

FOR SERVICE TO REMAIN ON, ALL SECTIONS OF THIS FORM MUST BE COMPLETED, LEGIBLE AND RETURNED TO THE UTILITY WITHIN 3 BUSINESS DAYS. INCOMPLETE FORMS WILL NOT BE CONSIDERED.

I understand that the City of Gladstone cannot guarantee continuous utility service and it is my responsibility to maintain a backup system or have an alternate plan in the event of such loss. Use of this certificate form does not provide any rights to the customer regarding service restoration in the event of an unexpected outage.

Section 1: the following information is to be completed by the Patient

Patient's name: _____ Birthdate: _____

Relationship to Customer (Account holder) Self Other _____

Home/Cell (_____) _____ Work (_____) _____

I hereby authorize my health care provider(s) to release the medical information included on this medical certification FORM to my utility, or third parties authorized by the utility, to assist with the review, approval, and processing of this request. I understand that continuous utility service is not guaranteed and it is my responsibility to maintain a backup system or have an alternate plan in the event of a loss of utility service. I certify that the patient lives at the address listed below and that all information provided is accurate. If I meet the conditions for a Critical Care hold, I also agree to notify the company when this medical hold is no longer necessary.

Signature: _____ Date: _____
 Patient/Legal Guardian/Power of Attorney

Section 2: the following information is to be completed by the customer (Account Holder)

Customer Name (printed)

Customer Address

City, State, Zip

Home/Cell Phone (_____) _____ Work Phone (_____) _____

Home Email: _____

Account Number: _____

I certify the information above is accurate AND the patient is the customer of record or a household member of the customer of record residing at this address

Customer Signature: _____ Date: _____

Approval of this form does not prevent shut-offs indefinitely. You must take steps to resolve unpaid bills to avoid service termination in the future. We encourage you to visit our website or call UPCAP at 211 to find available programs to assist with paying utility bills.

Section 3 the following information is to be completed a Physician or Public Health Official

Please Select One of the following conditions by checking one of the boxes below

Medical Emergency Patient

*Patient suffers from an existing medical condition that will be **aggravated by the lack of utility service**. A utility shall postpone disconnection for no longer than 21 days if the customer or member of customer's household has a certified medical emergency. Please note, additional certificates are required to extend postponement of shutoff. Postponement of shutoff for medical emergency conditions shall not exceed 63 days in a rolling calendar year from first submission.*

I certify that the patient has the following medical emergency condition(s) that will be aggravated by the loss of electricity .

Condition(s): _____

Equipment: _____ Time Period: _____

Critical Care Patient

*Patient uses life-supporting medical equipment at home and termination of the utility service would be **immediately life threatening**. Disconnection of utility service for Critical Care customers shall be postponed on an annual basis. (A new Medical Certification Form must be completed and submitted annually to be renewed.)*

The following life-support system(s) or medical equipment is/are used by the patient:

Equipment: _____

Additional comments (if any):

Check one: Physician Public Health Official License #: _____

Physician name: _____ Job title (if not-physician): _____

Business address: _____

Business phone: _____ Fax: _____

I certify that the patient identified on this form has been examined by me and to the best of my knowledge, information provided is true, and that, in checking the selected box and signing this form, the patient meets the criteria of a "Medical Emergency Patient" or a "Critical Care Patient."

Signature: _____

Date: _____