



# MEDICAL CONDITION CERTIFICATION

## Customer Information

Name		Account Number	
Address	City/Town/Village	State	ZIP
Daytime Phone		Evening Phone	
Name of Individual With Medical Condition, Equipment, or Under Protective Services Emergency			
Date of Birth	Relationship to Customer		

### Customer Authorization:

I authorize my medical, social service, and/or law enforcement provider to disclose the following information to Madison Gas and Electric Company for the purpose of evaluating the continuation or reconnection of my electric utility service.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Verbal Authorization by Customer Date \_\_\_\_\_

## Provider Information

The customer listed above would like to ensure the continuation of their energy service because of a medical condition or a protective services emergency. In order to process this request, we need some information from you as the medical, social service, and/or law enforcement provider. To prevent any interruption of service, please complete this form and return it to us by fax or mail at once. If you have any questions, please call us at 608-252-7141 or 1-800-245-1125.

Doctor's Name	Title/Specialty		
Organization	Phone		
Address	City/Town/Village	State	ZIP

What is the specific medical condition or protective services emergency that exists for the individual named above?  
 \_\_\_\_\_

What, if any, electrically powered life-sustaining medical equipment is required or used at the customer's location?  
 \_\_\_\_\_  
 \_\_\_\_\_

Would the interruption of electric service significantly aggravate the medical condition or protective services emergency situation at this customer's location? (If yes, can the customer use the equipment at another location where electric service is available?)  
 \_\_\_\_\_

### Provider Certification:

I certify the information I have provided is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to:** Life Support Equipment      **or fax to:** 608-252-4714  
 Madison Gas and Electric Company  
 Post Office Box 1231  
 Madison, Wisconsin 53701-1231