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, *SEMCO Energy* 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. We encourage you to visit *www.semcoenergygas.com* to find available programs to assist with paying energy bills. You may also contact the United Way 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.

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:

1. **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.

2. **Section 2** of the Medical Certification Form to be completed by *SEMCO Energy* customer of record.

3. **Section 3** of the Medical Certification Form to be completed by Physician or Public Health Official.

4. **Return the completed form** and valid identification to *SEMCO Energy*:
   Secure website: www.semcoenergygas.com
   Secure email: customer.service@semcoenergy.com
   Fax number: 810-887-4593

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 *SEMCO Energy* at ***1-800-624-2019***.

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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 SEMCO ENERGY 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:	Work:	Home Email:

Account Number:	Type of Service	☐ Electric	☐ Gas

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 contact United Way at 211 to find available programs to assist with paying utility bills.

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

Patient's name: (same as Section 1)	Birthdate: / /

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.*

I certify that the patient has the following medical emergency condition(s) that will be aggravated by the loss of electricity and/or natural gas service.

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):

Please check one:

☐ Physician	Name:		License #:
☐ Public Health Official	Name:		License #:
Business Address:	City:	State:	Zip:
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: