

NOTICE OF MEDICAL EMERGENCY

*MN Stat.216B.098 Subd. 5. **Medically necessary equipment.** A utility shall reconnect or continue service to a customer's residence where a medical emergency exists or where medical equipment requiring electricity* necessary to sustain life is in use, provided that the utility received from a medical doctor written certification, or initial certification by telephone and written certification within five business days, that failure to reconnect or continue service will impair or threaten the health or safety of a resident of the customer's household. **The customer must enter into a payment agreement.** *Minnesota Energy Resources only provides natural gas service; Minnesota Energy Resources is extending this protection to equipment utilizing natural gas.*

I. **CUSTOMER CERTIFICATION: (To be completed by customer)**

Customer name: _____ Account no.: _____

Customer address: _____

City, ST, Zip: _____

Home phone: _____ Business phone: _____

Resident(s) requiring life-sustaining medical equipment: _____

Relationship to customer: _____

II. **RELEASE: (To be completed by resident requiring life-sustaining equipment or his/her legal guardian)**

I, _____, (check one: resident legal guardian) hereby grant my consent to the below-named licensed physician to release to Minnesota Energy Resources such information as noted below, plus any supplemental information regarding critical medical equipment used at the residence.

Signature of resident or legal guardian: _____ Date: _____

III. **MEDICAL: (To be completed and signed by a licensed physician)**

I, _____, a licensed physician, declare that there is a medical emergency
(print name)
requiring **natural gas** for the above named customer/resident.

Required critical natural gas equipment: Furnace Water heater Other: _____

Duration of medical emergency: _____

Physician signature: _____ Date: _____

Business name: _____ Phone: _____

Business address: _____

City, ST, Zip: _____

Return this form to: Minnesota Energy Resources **OR** Fax: **844-603-8988**

P.O. Box 19001

Green Bay, WI 54307-9001

