

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 receives 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, _____, (circle 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 there is a medical emergency requiring **natural gas** for the above named customer/resident.
(Print Name)

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**
PO Box 19002
Green Bay, WI 54307-9002

