



# Minnesota Xcel Energy

## Critical Life-Sustaining Medical Equipment and Medical Emergency Form

Minnesota Stat 216.B.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.

### I. Customer certification (to be completed by customer)

Customer name \_\_\_\_\_ Account # \_\_\_\_\_  
 Customer address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home phone \_\_\_\_\_ Business phone \_\_\_\_\_  
 Resident(s) requiring life sustaining medical equipment \_\_\_\_\_ DOB \_\_\_\_\_  
 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 Xcel Energy 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 verification (Check all that apply. To be completed and signed by a licensed physician.)

The above named customer is currently using a LIFE-SUSTAINING medical device(s).

Ventilator	Sleep apnea	Heart monitor	Infusion pump	Feeding pump	*Other — Critical Life Sustaining
Kidney Dialysis	Oxygen Concentrator	Other - Not Life Sustaining	Respirator	Suction Life Sustaining	

\*If you have selected Other - Critical Life Sustaining, Xcel Energy requires an explanation of the Life Support equipment that is used at this residence:

Failure to reconnect or continue electricity service to the above named customer will impair or threaten the health or safety of a resident of the customer's household for the following reason: \_\_\_\_\_

I certify that the termination of electricity would disrupt the use of LIFE SUPPORT EQUIPMENT and/or would create a medical emergency for \_\_\_\_\_ who is a permanent resident at:

Physician name \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fax to 612.329.2862 or mail completed form to:

**Xcel Energy Attn: Energy Assistance Programs**  
 3115 Centre Pointe Drive  
 Roseville MN 55113