Medical Certification for Life-Sustaining Medical Equipment

This form is used to certify that a Village of Yellow Springs utility customer relies on electricity to operate life-sustaining medical equipment within the home.

Submission of this form allows the Village to identify the residence as having medically necessary electrical equipment for outage response planning. **This designation does not prevent utility service disconnection for nonpayment and does not guarantee uninterrupted electric service.**

A new certification must be submitted **every six (6) months.**

CUSTOMER INFORMATION:

Customer Name

Service Address

Utility Account Number (if known)

Phone Number

PHYSICIAN CERTIFICATION:

To be completed by a licensed physician or other qualified healthcare provider.
I certify that the above-named patient requires electricity to operate life-sustaining medical equipment in the home.

Medical condition requiring electrical service (general description):

Life-sustaining medical equipment used:

☐ **Oxygen concentrator**

☐ **Ventilator**

☐ **Dialysis equipment**

☐ **Feeding pump**

☐ **Other: _____**

Additional comments (optional):

HEALTHCARE PROVIDER INFORMATION:

Provider Name

Practice Name (if applicable)

Address

Phone Number

Provider Signature

Date

CUSTOMER ACKNOWLEDGMENT:

I understand that:

- This certification identifies my residence as one where life-sustaining medical equipment is in use.
- The Village of Yellow Springs may share this information with emergency response personnel, including the Police Department, solely for emergency planning and outage response purposes.
- This certification does not exempt my account from billing, late fees, or disconnection for nonpayment.
- It remains my responsibility to pay my utility bill by the due date each month.
- If my account becomes delinquent, it may still be subject to disconnection in accordance with Village policies.
- This certification expires six (6) months from the date it is signed by the healthcare provider, and it is my responsibility to submit an updated certification before it expires.

Customer Signature

Date

Submission Instructions:
Return the completed form to:
Village of Yellow Springs Utility Office
Fax: (937) 767-3714
Email: utilitybilling@yellowsprings.gov