

MEDICAL CERTIFICATIONS OF DISABILITY TO STOP UTILITY SHUT-OFFS

If your doctor or a nurse practitioner are willing to tell the utility company that you have a “serious” medical condition **or** that you have a condition that will be aggravated by the loss of service, the utility company is not allowed to shut off your utility service.

The 10 day notice from the utility company contains a block identifying the information needed, titled “Medical Emergency Notice”. When you get this notice, you need to immediately contact your health care provider. Although the utility company must again contact you 3 days prior to shutting off your utility, you need plenty of time to reach your health care provider, and they need time to do the paperwork and get it to the utility company. You may also have to find another doctor if the doctor you asked to sign the paperwork refuses. You may also need time to deliver the paperwork if it cannot be faxed or you cannot reach the utility on the telephone.

1. What do you need to know:

- PA law provides that **ONLY a LICENSED PHYSICIAN or NURSE PRACTITIONER** can stop the termination by providing a medical certification stating that:

you **or** someone living in your home is certified as “seriously ill” or is afflicted with a condition which will be aggravated by cessation of services

- The definition of “seriously ill” is up to the Doctor or nurse practitioner’s professional discretion and they are not required to discuss the details of the illness with the utility company given HIPPA regulations!!!
- There are no lists of specific illnesses required.
- Any illness in the household can qualify, not just the customer or their dependents
- A certification can be **verbal (by telephone) or written.**
- As long as a physician or nurse practitioner provides the information stated below and on the attached form, it constitutes a valid medical certification.
- If you do a verbal certification, the utility **WILL** require either the physician or nurse practitioner to get on the telephone and may want written certification within 7 days

2. Written or verbal certifications contain all the following:

- The name and address of the ratepayer in whose name the account is registered.
- The name and address of the afflicted person and the relationship to the ratepayer.
- The nature and anticipated length of the “serious medical condition”.

- The specific reason for which the service is required e.g. you need heat to recuperate from illness, you need air conditioning to prevent illness, you need electric to keep your medication refrigerated, you need gas to prepare meals because you cannot go out
- The name, office address and telephone number of the certifying physician.

3. It is important to know that:

- Any illness in the household can qualify, not just the account holder or their dependents.
- The doctor or nurse practitioner will only do a medical certification for the household member that they treat and who is ill.
- To be eligible for a medical certificate the patient affected may be seriously ill, but need not be. A certificate may also be used if an individual is afflicted with a condition that will be aggravated by cessation of service.
- The shut off can be stopped for a maximum of 30 days at a time
- The Medical Certifications can be renewed (2) additional times.

You are still responsible for the bill and remember that if you cannot pay, there may be other remedies to prevent a shut off. For example:

- LIHEAP
- Dollar Energy
- Bankruptcy ...please consult an attorney in this regard

Date: _____

Duquesne Light
Account Number: _____

RE: _____
(Patient Name)

(Patient Address)

(Name of Account Holder if Different from
Patient)

(Relationship to Account Holder)

(Address of Accountant Holder if Different
from Patient)

To Whom it May Concern:

I certify that I have examined the patient named above and, in my professional opinion as a medical doctor, doctor of osteopathy, or nurse practitioner licensed by the State of Pennsylvania, I certify that the patient is seriously ill and/or afflicted with a condition which will be aggravated by cessation of electric service. Therefore, in accordance with state law, kindly protect or restore utility service at this address from shut off. The patient's condition is as follows: _____

The patient requires electric service because: _____

Sincerely,

[Signature]

Print name of certifying physician or nurse practitioner

Telephone number