



Stoughton Utilities

600 South Fourth Street

P.O. Box 383

Stoughton, WI 53589-0383

Serving Electric, Water & Wastewater Since 1886

Critical Life-Sustaining Medical Equipment Certification

In order to process this request, we need to obtain information from the appropriate medical, social services or law enforcement provider. Please complete the following information and return it to us via postal mail or by fax at (608) 873-4878.

If you have any questions, please contact our office at (608) 873-3379.

Date: _____

Customer Account Information:

(To be completed by customer)

Name: _____ **Account Number:** _____

Address: _____ **Daytime Phone:** _____

_____ **Evening Phone:** _____

Individual(s) with Medical Condition or Under Protective Services Emergency:

(To be completed by customer)

Name: _____ **Birthdate:** _____ **Relationship:** _____

Name: _____ **Birthdate:** _____ **Relationship:** _____

Name: _____ **Birthdate:** _____ **Relationship:** _____

Provider Information:

(To be completed by medical, social services, or law enforcement provider)

Name: _____ **Title/Specialty:** _____

Organization: _____ **Office Hours:** _____

Address: _____ **Fax:** _____

City: _____ **State:** _____ **Zip:** _____

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Release:

(To be completed by resident requiring life-sustaining medical equipment, or by his/her legal guardian)

I, _____ (circle one: **Resident** or **Legal Guardian**) hereby grant my consent to the below named physician or public health, social services, or law enforcement official to release the Stoughton Utilities such information as noted below, plus any supplemental information as needed by Stoughton Utilities to verify the critical medical need for life sustaining medical equipment.

Signature: _____ **Date:** _____

Patient Information:

(To be completed by physician)

Patient Name: _____ **Date of Last Office Visit:** _____

Date of Birth: _____

Current Diagnosis: _____

Current Prescriptions: _____

Does medical condition or treatment require electricity: Yes _____ No _____

If yes, what type of equipment is needed? _____

How often is the equipment used? _____

Would loss of electricity be life threatening? Yes _____ No _____

Additional comments/concerns: _____

Physician's Signature: _____ **Date:** _____

A medical services emergency (for a customer facing disconnection because of nonpayment) will postpone disconnection for 21 days. This period may be extended by the utility based on the information provided above. The customer is still responsible for bills on the residential service while it is continued because of a medical emergency. If there is a disagreement regarding the existence of a medical emergency, either the customer or the utility may request an informal review by the PSC inquiry service.

Stoughton Utilities considers this to be confidential. It will be used only for the purpose of making a proper response to the needs of the customer for electric service in times of power outages or pending disconnection. The information provided in this document may need to be updated annually.