



CERTIFICATE OF MEDICAL NECESSITY

Date: \_\_\_\_\_ Seattle City Light Account Number: \_\_\_\_\_

Primary Account Holder's Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ WA Zip Code: \_\_\_\_\_

Patient Name, If not the Primary Account Holder: \_\_\_\_\_

Relation to Patient Using Life Support Equipment (Check one):

- Self  Spouse/Partner  Child  Parent or Guardian  Power of Attorney

Seattle City Light Customer's Statement:

The patient named in this certificate who uses electric-powered life support equipment is a permanent resident at the service address shown below. I understand that this certificate **does not** relieve me of the obligation to pay for electrical service. If my account becomes past due and the use of life support equipment is documented by this certificate, electrical service may be extended. **Without payment and/or pay plan, electrical service may be disconnected.**

I understand that this certificate is valid only for the length of time the medical situation is certified to exist and that it is **not valid for more than one year without renewal.**

Primary Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Statement of Patient or Their Representative Using Life Support Equipment:

The information I have provided to the licensed healthcare provider is true, and I authorize the release of the information on this certificate to Seattle City Light.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list contact phone numbers and your e-mail address and check the box next to your preferred method(s) of contact:

- Primary Contact Number: \_\_\_\_\_  Cell: \_\_\_\_\_
- Emergency Contact Number: \_\_\_\_\_  Email: \_\_\_\_\_

**Medical Provider's Statement (Check One):**

I certify that the person listed below is my patient and uses recognized life support equipment requiring an electrical connection and that the termination of electrical service to their residence would create a life-threatening situation.

OR

I certify that the person listed below is my patient and has a health-threatening situation involving a temporary illness or condition in which loss of electrical service could result in prolonging or worsening the illness or condition.

**Please complete the following:**

1. **Patient's Name:** \_\_\_\_\_

2. **Patient's Address:** \_\_\_\_\_

3. **Patient uses the following life support equipment requiring an electrical connection:**

(Please check all that apply):  Ventilator (Continuous Mechanical)       CPAP or BIPAP device

Dispenser (Feeding Pump or Medication Dispenser)       Nebulizer Machine

Dialysis (In-home Peritoneal Dialysis only) and Dialysis Provider: \_\_\_\_\_

Oxygen Concentrator (Does not include liquid or cylinder oxygen use) and Oxygen Provider: \_\_\_\_\_

Suctioning device Bed Mattress (Electric hospital bed or alternating pressure mattress)

Chair (Electric lift chair or electric wheelchair, rechargeable)

Heating/Cooling (Patient is vulnerable to extreme temperatures due to serious long-term medical condition and patient's health will be significantly endangered by the termination of electrical service for heating/cooling).

HOSPICE In-Home Care     Other Life-Support Equipment Requiring Electricity (**Type**): \_\_\_\_\_

4. **Patient's use of life support equipment is expected to be:** (Check one)

Short-term (Less than 60 days)

Long-term (More than 60 days)

5. **For temporary health-threatening situation NOT involving life support equipment,** explain how the health of the patient will be significantly endangered by the loss of electrical service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Licensed Healthcare Provider:** \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Date: \_\_\_\_\_

Healthcare Provider's I.D. Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Provider's Name & Address: \_\_\_\_\_

**Healthcare Provider -PLEASE SUBMIT COMPLETED CERTIFICATE BY THESE FOLLOWING METHODS:**

FAX to LIFESUPPORT Program (206) 287-5074    OR    EMAIL: SCL\_LifeSupport\_Prg@Seattle.Gov

MAIL: **ATTEN: SCL LIFESUPPORT PRG;** 700 5<sup>th</sup> Ave Ste# 2842; Seattle, WA 98124-4023