



Black Hills Energy
PO Box 3407
Omaha, NE 68103

Phone: 1-888-890-5554
Fax: 1-402-829-2010

CERTIFICATE FOR A MEDICAL EXTENSION

COMPLETED FORM MUST BE FAXED TO 1-402-829-2010 BY THE DOCTOR'S OFFICE.
DOCTOR'S OFFICE FAX COVER SHEET REQUIRED WITH COMPLETED FORM.

If approved, collection activity will be postponed on your account due to your medical certification. During this time, you must pay your balance in full or contact us at 1-888-890-5554 to make a payment arrangement. If you are unable to make these arrangements, collection activity will resume at the time this extension expires and may result in disconnection of service due to non-payment.

TO BE COMPLETED BY CUSTOMER – PLEASE PRINT

Account Number: _____ Type of Utility Service: _____ Service Location: _____

Patient's Name

Birth Date

Home Phone Number

Does patient reside at service location? YES _____ NO _____

For your protection the law requires you to be advised: It is a criminal act to make a false or fraudulent claim, or assist in the preparation or presentation of a false or fraudulent claim. Violators of this provision may be subject to criminal prosecution.

Authorization: I hereby authorize release of any medical information, including direct consultation with any physician, that is pertinent to my qualifying for an extension on my payment due to a medical condition. By signing below, I acknowledge the accuracy and truth of the information provided.

Printed Name of Patient or Legal Guardian

Signature of Patient or Legal Guardian

Date

TO BE COMPLETED BY PHYSICIAN – PLEASE PRINT

PLEASE RESPOND TO THE FOLLOWING:

Is utility service required to sustain life? YES _____ NO _____

If YES, please explain nature of ailment and necessity of service? _____

Note: Where necessary, it is important that you advise your patient of the appropriate precautions measures and the emergency actions to take in case of an un-planned utility outage.

Additional Comments: _____

Physician's Name (Please Print)

Office Address

(_____) _____
Office Phone

Physician's Signature

City, State, ZIP Code

Date

FOR BLACK HILLS ENERGY USE ONLY

APPROVED:

REJECTED

BY:

DATE: