



Colorado Medical Exemption Program

A special program offered by Black Hills Energy and overseen by the Chronic Care Collaborative

Instructions: Please sign and complete the patient form (front page) and have your health care provider sign and complete the Health Care Provider Certification Form (back page). FAX your completed application to Chronic Care Collaborative at 303-955-7538 OR mail to:

CCC- Energy Program
PO Box 461657
Aurora CO 80015-9998

Section I. General information

Name on Black Hills Energy account _____
Patient name (if not account holder) _____
Daytime phone _____ Other phone _____
Address _____ Apartment/unit number _____
City _____ State _____ ZIP _____

Black Hills Energy account number* _____

If you don't know your account number, please call Black Hills Energy Customer Service at **888-890-5554**.

*We must have your account number to process your application.

Section II. Income information

Please include income from ALL sources and for ALL household members.

What is your current household income? \$ _____ per year

How many people live in your household? _____ people

Section III. Signatures

By signing this form:

- I agree to allow Black Hills Energy to review my energy usage and advise Chronic Care Collaborative about my program eligibility.
- I agree to allow Black Hills Energy to give the Chronic Care Collaborative permission to process my application for the Medical Exemption program.

All adults living in your household must sign below.

Signature: _____	Date _____
Signature: _____	Date _____
Signature: _____	Date _____
Signature: _____	Date _____

Licensed Health Care Provider Certification

The Colorado Medical Exemption Program is offered by Black Hills Energy to reduce electricity rates for qualifying low-income customers who use essential life support equipment or who have medical condition(s) that make it difficult for them to reduce electric usage in the summer (examples include: home dialysis, oxygen and CPAP machines, electric wheel chair, MS, lupus, epilepsy, etc.). You have been asked by your patient to certify that he/she uses essential life support equipment or has a medical diagnosis that would qualify him/her for this program.

Section IV. Patient information

Patient name _____

Medical condition/reason for increased energy use by patient _____

Section V. Certificate and signatures

I certify:

- I have obtained consent from the patient to disclose the medical information necessary to complete this form.
- The patient listed above uses the essential life support indicated and/or has a medical condition(s) that makes it difficult to reduce electricity usage during the summer.
- The patient listed above may have high energy use due to his/her medical condition.

Provider's full name _____

Office address _____ Suite number _____

City _____ State _____ ZIP _____

Phone _____ State medical license number _____

Provider's signature: _____ Date _____

Please complete, sign and fax your application to the Colorado Medical Exemption Office Chronic Care Collaborative at 303-955-7538 OR mail to:

CCC- Energy Program

PO Box 461657

Aurora CO 80015-9998

Please **do not** submit this form to Black Hills Energy as this program is administered by the Chronic Care Collaborative as authorized by the Colorado Public Utilities Commission.

Questions? Please call the Chronic Care Collaborative (CCC) at 303- 993-5056.

