Black Hills Energy
PO Box 6006
Rapid City, SD 57709

Phone: 1-888-890-5554
Fax: 1-605-719-9921

CERTIFICATE FOR A MEDICAL EXTENSION

October 20, 2020

Name
Service Address
City, State, Zip

COMPLETED FORM MUST BE FAXED TO 1-605-719-9921

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

BHE Account Number: _____ Select Type of Utility Service: **Gas or Electric**

Patient's Name: _____ **Home Phone Number:** _____

Service Location: _____

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 _____

NPI: _____

Additional Comments:
_____

_____

_____

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

_____ _____ (_____)_____
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: _____