

CERTIFICATE FOR A MEDICAL EXTENSION

Black Hills Energy PO Box 6006 Rapid City, SD 57709

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

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 Nu	mber:		Select Type of Utility Service: Gas of	of Utility Service: Gas or Electric	
Patient's Name:			Home Phone Numb	oer:	
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. <u>Authorization</u> : 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 Guard	an	Signature of Patient or Legal Guardian		Date
TO BE COMPLETED BY LICENSED PHYSICIAN OR HEALTHCARE PRACTITIONER – 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 P	hone
Physician's Signature			City, State, ZIP Code		Date
FOR BLACK HILLS ENERGY USE ONLY					
APPROVED:	REJECTED	BY:		DATE:	