



## 90-Day Medical Certificate

### Purpose

Customers with a documented medical condition may be eligible to obtain medical certificates. These certificates allow Xcel Energy to suspend credit action such as late fees and disconnect notices and allow customers additional time to set up pay arrangements and/or seek energy assistance.

This form must be completed, signed by a medical professional such as a medical doctor (MD), physician assistant (PA) or nurse practitioner (NP) and submitted to your utility. Xcel Energy will suspend shutoff action for **90 days** and services will be restored, where applicable, upon receipt of a completed and signed 90-Day Medical Certificate Form. Customers with a vision disability may contact Xcel Energy to request notifications in alternate formats when notices are sent to request recertification.

90-day medical certificates can be submitted once every 12 months.

**Completion and approval of this form does not prevent disconnection indefinitely.** You must take steps to resolve past-due balances to avoid future disconnection.

### Instructions

To request a 90-day medical certificate, please be sure to follow the instructions below and complete the form in full. All of the information requested in this form is required unless otherwise indicated. Failure to complete and submit the form, including medical professional's signature, may result in disconnection of utility services.

***PLEASE NOTE: If the patient requesting the medical certificate is over the age of 18, they must be added as a responsible party on the utility account. Patients under the age of 18 and legal dependents do not need to be added as a responsible party.***

If you have questions, please contact Xcel Energy's Personal Account Representatives at **800-331-5262**.

**Section I and Section II** of the 90-Day Medical Certificate Form must be completed by the Xcel Energy account holder (as listed on the current utility bill).

**Section III** must be completed by a medical professional, such as a doctor (MD), physician assistant (PA), or nurse practitioner (NP).

**This form must be completed, signed and submitted by a medical professional on behalf of the customer.**

**Fax:** 612-564-7626

**Email:** [PAR@xcelenergy.com](mailto:PAR@xcelenergy.com)

### Mail:

Xcel Energy  
Attn: PAR Department  
1800 Larimer St.  
Denver, CO 80202

If you need help paying your utility bills, we can help.

Please visit [xcelenergy.com/EnergyAssistance](http://xcelenergy.com/EnergyAssistance) or call **800-895-4999** to find energy assistance programs available in your area.

You may also contact United Way at **211** to be connected with community-based organizations that may provide additional bill payment assistance.

# 90-Day Medical Certificate

**Please complete all sections of this form and return to Xcel Energy. Incomplete or illegible forms will not be accepted and may result in a disconnection of service.** (Please print)

## I: Customer certification (to be completed by the account holder)

Personal Account Representative \_\_\_\_\_ Date \_\_\_\_\_

Medical 90-day Certificate: Valid for 90 days

Xcel Energy account holder \_\_\_\_\_ Xcel Energy account number \_\_\_\_\_

Service address (as listed on the utility bill) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Patient receiving medical certificate \_\_\_\_\_ Date of birth \_\_\_\_\_

I understand Xcel Energy cannot guarantee uninterrupted utility service and that I am responsible for making alternate arrangements in the event of an outage. I certify that I have read and understand the purpose and instructions on this form, and that the information provided in this form is true and correct. I understand if I provide false information, I can be denied continued medical emergency gas or electric utility service.

Signature \_\_\_\_\_

## II: Communication & outage contact preference (to be completed by the account holder)

Please be sure to provide complete and accurate contact information so Xcel Energy can reach you in advance of a planned power shutoff or unplanned outage.

Phone number \_\_\_\_\_

Type:    Mobile    Landline            Permission to text:    Yes    No

Email \_\_\_\_\_

Contact for deaf/hard of hearing customers using TTY at phone number \_\_\_\_\_

*TTY is a specialized telecommunication device for the deaf or hard of hearing.*

Communication preference:    Call    Text    Email    TTY

In the note of an unplanned outage, we will contact you via all listed communication methods or until a response is received.

By providing your contact information above you are giving permission to Xcel Energy to share your contact information with organizations such as state and local emergency first response agencies so they may aid both you and Xcel Energy during an extended outage to support my safety and well-being.

## III: Patient information (To be completed by physician, physician assistant or nurse practitioner)

I certify that the termination of electric service would be especially dangerous to the health or safety of:

Patient name: \_\_\_\_\_ who is a permanent resident at:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

and that the termination of service would aggravate an existing medical condition or create a medical emergency.

**This medical certificate will not be valid unless signed by a Colorado licensed physician, physician assistant (PA) or nurse practitioner (NP). If signed by nurse practitioner, the name and nurse practitioner license number (not RN license number) must be noted on the form.**

Colorado

**Physician, physician assistant, or nurse practitioner's information**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ License number \_\_\_\_\_

Physician, physician assistant, or nurse practitioner's signature \_\_\_\_\_  
(No stamped signatures)

If you have questions regarding this form, please call the Personal Account Department of Xcel Energy at **800-331-5262**.

Please return this form directly to Xcel Energy.

Fax: **612-564-7626**

Email: [PAR@xcelenergy.com](mailto:PAR@xcelenergy.com)

Mail:

**Xcel Energy**  
**Attn: PAR Department**  
**1800 Larimer St.**  
**Denver, CO 80202**

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