Colorado

Medical Certification Program

Purpose
Customers with a documented medical condition may opt in to receiving additional advance notification of a planned power shutoff, or notification of an unplanned outage as a result of severe weather, wildfire mitigation or other emergency situation. Additionally, participating customers may be eligible to suspend credit action such as late fees and disconnect notices to allow for additional time to set up pay arrangements and/or seek energy assistance.

Customers who may not be concerned about service disconnection, but have a qualifying medical condition and would like to opt in to receive additional communications to help with seasonal preparedness, in advance of a planned Public Safety Power Shutoff, and/or following an unplanned outage, are encouraged to complete the Medical Certification form, but can skip the "Customer certification" section.

If applying for the 90-day grace period to protect against or delay service disconnection, 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 Xcel Energy. Xcel Energy will use supplied data to provide advance notification of planned power outages as able for up to three years. Participating customers who elect to enroll in protection to suspend shutoff action for **90 days** and /or have their service restored may apply for a 90-day grace period once every 12 months and should submit a new form to suspend credit action each time they apply. Customers with a vision disability may contact Xcel Energy to request notifications in alternate formats when notices are sent to request recertification.

Completion and approval of this form does not prevent disconnection indefinitely. You must take steps to resolve past-due balances to avoid future disconnection. Please note, power outages can be unpredictable and may still occur at your location.

Instructions
To opt into additional outage notifications, or to apply for a 90-day grace period against bill-related disconnection, 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. **If this form is being completed solely for the purpose of opting into additional preparedness and outage communications, skip section I.** Note that if you do not complete section I, you will not receive the bill-related disconnection protections described in this form. 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 Medical Certification 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

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 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.

Colorado

Medical Certification Form

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)

Date _____

☐ Check this box only if applying for a 90-day grace period against credit action such as late fees and/or a bill-related service disconnection. (If you are using this form only to opt-in to receiving proactive notifications, do not check this box).

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 provide complete and accurate contact information so Xcel Energy can reach you in advance of a planned power shutoff or unplanned outage (those situations may include severe weather, wildfire mitigation or other emergency situations).

Phone number _____

Type: ☐ Mobile ☐ Landline Permission to text: ☐ Yes ☐ No

Email _____

Contact for deaf/hard of hearing customers using TYY at phone number_____

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

Communication preference: ☐ Call ☐ Text ☐ Email ☐ TTY

NOTE: We are increasingly addressing the risks of fire ignitions from our powerlines during high wildfire threat conditions by employing wildfire mitigations. Under these wildfire mitigations, outages may be extended until we can ensure it is safe to restore power. If you are dependent on a powered medical device, it is critical to plan ahead and have a backup power source in the event of prolonged potential outages.

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 your 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.

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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

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

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