



Minnesota: Xcel Energy

Medically Necessary Equipment & Emergency Certification Form

Entire form must be completed to be valid

Part A: Certificate information

Personal Account Representative _____ Date _____

Xcel Energy Customer of Record _____ Xcel Energy account number _____

Service address _____ City _____ State _____ ZIP _____

Patient _____ Date of birth _____

Part B: 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 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.

Life Support will not be valid unless signed by a Minnesota licensed Physician, Physician Assistant or Nurse Practitioner. Any medical professional signing this form must note their license number on this form in the section below.

Part B: 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 certificate, please call the Personal Accounts Department of Xcel Energy at 1-866-975-7327.

Please mail completed form to:

Xcel Energy
Attention: Energy Assistance Program
3115 Centre Pointe Drive
Roseville MN 55113

Form can be faxed or emailed to:
Fax: 612-329-2862
Email: peap.eap@xcelenergy.com