



Medical Need Verification

Entire form must be completed to be valid (Please print)

Part A: (To be completed by customer)

Xcel Energy customer name _____ Date _____

Xcel Energy Customer of Record _____ Xcel Energy account number _____

Relationship to Customer _____

Service address _____ City _____ State _____ ZIP _____

Phone _____ Date of birth _____

Part B: (To be completed by Physician, Physician Assistant or Nurse Practitioner only)

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

_____ who is a permanent resident at the above address.

Type of equipment utilized _____

Number of hours per day in use _____

Physician, Physician Assistant, or Nurse Practitioner's information

Print name _____ Date _____

Address _____ City _____ State _____ ZIP _____

Phone _____ License number _____

Physician, Physician Assistant, or Nurse Practitioner's signature _____

This form should only be used in those instances where the customer will require life sustaining equipment, must enter into a payment arrangement, and will be valid for 63 days.

If you have questions regarding this certificate, please call the Personal Account Department of Xcel energy at 800.331.5262. Please return to Xcel Energy, Personal Account Representative, **1800 Larimer Street, Denver, CO 80202** or Fax it to **612.573.1818**.