



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 _____

Patient name _____ Xcel Energy account number _____

Relationship to customer _____

Service address _____ City _____ State _____ ZIP _____

Phone _____ 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 the health or safety of:

Patient name: _____ 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**.