Wisconsin

Clear Copy

Xcel Energy®
RESPONSIBLE BY NATURE®

Critical Life-Sustaining Medical Equipment Form

Wisconsin Residential

I. Customer certification (To be completed by customer)

Customer name _____ Account number _____

Customer address _____

City _____ State _____ ZIP _____

Home phone _____ Business phone _____

Email _____

Resident requiring life sustaining medical equipment _____ DOB _____

Relationship to customer _____

II. Release (To be completed by resident requiring life-sustaining medical equipement or his/her legal guardian)

I _____ (Check one: ☐ Resident or ☐ Legal Guardian) hereby grant my consent to the below-named licensed physician or public health, social services, or law enforcement official to release to Xcel Energy such information as noted below, plus any supplemental information regarding critical medical equipment used at the residence.

Signature of resident or legal guardian _____ Date _____

III. Medical verification (To be completed and signed by a licensed physician, public health, social services, or law enforcement official)

The above named customer is currently using one of the following LIFE-SUSTAINING medical devices.

☐ Ventilator
☐ Infusion pump
☐ Kidney dialysis
☐ Respirator
☐ Heart monitor
☐ Feeding pump
☐ Oxygen concentrator
☐ Suction machine
☐ Other: Critical life sustaining medical devices
☐ Other: Not life sustaining

*If you have selected Other: Critical Life Sustaining, Xcel Energy requires an explanation of the Life Support equipment that is used at this residence:

_____

I certify that the termination of electricity would disrupt the use of LIFE SUPPORT EQUIPMENT and would create a emergency for _____ who is a permanent resident at _____.

Physician name _____ Title _____

Clinic/hospital name _____ Phone _____

Address _____

City _____ State _____ ZIP _____

Signature _____ Date _____

(Needs to be signed by a licensed physician, public health, social services, or law enforcement official)

Please mail or fax completed form to:

Xcel Energy
Attn: PAR DEPARTMENT
P.O. Box 8
Eau Claire WI 54702
Fax: 612.573.1700