



90-Day Medical Certificate

Purpose

Customers with a documented medical condition may be eligible to obtain medical certificates. These certificates allow Xcel Energy to suspend credit action such as late fees and disconnect notices and allow customers additional time to set up pay arrangements or seek energy assistance.

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 your utility. Xcel Energy will suspend shutoff action for **90 days** and services will be restored, where applicable, upon receipt of a completed and signed 90-Day Medical Certificate Form.

90-day medical certificates can be submitted once every 12 months.

Completion and approval of this form does not prevent disconnection indefinitely. You must take steps to resolve past-due balances to avoid future disconnection.

Instructions

To request a 90-day medical certificate, 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. 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**.

Part A of the 90-Day Medical Certificate Form must be completed by the Xcel Energy account holder (as listed on the current utility bill).

Part B 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.

90-Day Medical Certificate

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)

Personal Account Representative _____ Date _____

Medical 90-day Certificate: Valid for 90 days

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 _____

II: 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.

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.

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Mail:

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Denver, CO 80202

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

