



# 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 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: 612-564-7643  
Email: PEAP.EAP@xcelenergy.com