



Medical Certificate

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

Part A: Certificate information

Personal Account Representative _____ Date _____

Medical 90 Day Certificate: Valid for 90 Days

Xcel Energy Customer of Record _____ Xcel Energy account number _____

Service address _____ City _____ State _____ ZIP _____

Patient receiving Medical Certificate _____ Date of birth _____

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

I certify that the termination of gas and/or 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.

Medical Certificate will not be valid unless signed by a Colorado licensed Physician, Physician Assistant or Nurse Practitioner. If signed by Nurse Practitioner, the name and Nurse Practitioner license number (not RN license number) must be noted on the form.

Part B: Physician, Physican 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 **800.331.5262**.
Please return to Xcel Energy, Personal Account Representative, 1800 Larimer Street, Denver, CO 80202 or fax it to 612.573.1818.