

Medical Emergency Certificate Application



TO BE COMPLETED BY A LICENCED PHYSICIAN OR NURSE PRACTITIONER

I certify that the person with the medical condition is seriously ill or is afflicted with a medical condition that would be aggravated by the termination of water service.

CUSTOMER/ACCOUNT HOLDER INFORMATION

Name of Customer:

Service Address:

City:

State:

Zip Code:

Phone:

INFORMATION RELATED TO PERSON WITH MEDICAL EMERGENCY

Name of person with medical emergency:

Address of person with medical emergency:

City:

State:

Zip Code:

Relationship to Customer:

Nature and length of medical emergency:

PHYSICIAN INFORMATION

Physician Name:

Phone:

Physician Office Address:

City:

State:

Zip Code:

Physician State Registration Number:

IMPORTANT NOTE: LENGTH OF INITIAL CERTIFICATION AND RENEWAL PROCEDURES

The maximum length of the initial certification is 30 days from the date we receive the completed medical certification. Certification may be renewed for an additional 30-day period. The customer is still responsible to make payments on his/her water bill. To renew the initial medical certification, prior to the initial 30-day period expiring, the customer must complete the following:

- Have the doctor complete and sign another medical certification application.
- Have the doctor certify in writing on his/her letterhead that the person with the medical emergency is seriously ill or is afflicted with a medical condition that would be aggravated by the termination of water service.
- The customer must also provide a statement of his or her assets, income and expenses.
- Fax the completed and signed medical certification, cover letter on the physician's letterhead, and customer statement of assets, income and expenses to our Customer Service Center at 1-618-433-4499.
- Call our Customer Service Center at 1-877-426-6999 to confirm receipt of the completed and signed medical certification application.

PLEASE NOTE: If the customer does not renew the certification before the initial 30-day period expires and arrangements for payment are not made, the utility may proceed with termination.

Please call 1-877-426-6999 for more information, to make payment arrangements or to determine your eligibility for a payment term agreement.

SIGNATURE

Signature of physician:

Date:

FOR OFFICE USE

Medical certification:

Date Received:

Please return completed form along with a cover letter from the physician on the physician's letterhead that certifies that the person with the medical emergency is seriously ill or is afflicted with a medical condition that would be aggravated by the termination of water service.

By Mail: Long Island American Water, P.O. Box 578, Alton IL 62002
Or Fax: 1-618-433-4499