**Central Maine Power Company**
**Customer Relations Center, 83 Edison Drive, Augusta, ME 04336**
**Fax: 207-621-7861**

# LIFELIGHT CERTIFICATION

## Certificate of Medical Equipment Necessity

**Please complete and sign form to enroll in our LifeLight Program**

| *ACCOUNT/PATIENT INFORMATION* | |
|---|---|
| CMP Account Number: | |
| Billing Name on Account: | |
| Service Address: | Subsidized Housing ___Y ___N |
| Mailing Address: | |
| Phone Number: | |
| Patient's Name: | |
| Patient's Address | |
| Physician's Name: | |
| Office Address: | |
| Physician's Phone Number: | |
| Physician's Fax Number | |

***Please note – this is not the appropriate form to avoid a disconnect for non-payment or to certify a medical emergency****

***INFORMATION TO BE PROVIDED BY PHYSICIAN***

## Medical Equipment Information

Please complete if **life sustaining** medical equipment is currently in use to treat a medical condition that requires electrical service for regular operation which exceeds 30 days and/or is generally considered to be long term in nature.

Type of medical equipment: _____

**Your signature confirms that medical necessity equipment exists within the household of the patient listed above and the loss of electrical service would likely impair the operation of such equipment.**

Signature of Physician or Physician's Agent/Designee: _____
Printed Name/Title (if signed by person other than the physician) :
Date:

## Oxygen Pump Information

**If the patient is currently using an <u>oxygen pump,</u> please complete the following:**

Date patient began using oxygen pump: _____
Number of hours used per day: _____
Anticipated duration (in days or months) that patient will use oxygen pump:_____

**I certify that it is necessary for the patient identified above to use an oxygen pump for the number of hours indicated per day and for the length of time specified.**

Signature of Physician or Physician's Agent/Designee: _____
Printed Name/Title (if signed by person other than the physician) :
Date:

***OFFICE USE ONLY***

| **Customer Relations Center** | **Service Center** |
|---|---|
| CSS/GUI (15-04, 15-10, 15-14, 15-01, 15-07, 15-14) | SAP (Install sticker & tag) |
| SAP | CSS/GUI (16-03) |
| Confirmation letter & fact sheet | |