CMP
An Avangrid company

Central Maine Power Company
Customer Contact Center
83 Edison Drive, Augusta, ME 04336
800.750.4000 or (fax) **207.629.2195**

Lifelight Certificate of Medical Equipment

PLEASE COMPLETE AND SIGN FORM 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.

Account/Patient Information				
CMP Account Number				
Billing Name on Account	First	Last		
Service Address	Street	City	State ME	Zip
Mailing Address	Street	City	State ME	Zip
Phone Number	( ) -			
Patient Name	First	Last		
Patient Address	Street	City	State ME	Zip

Medical Office Information				
Name	First	Last		
Address	Street	City	State ME	Zip
Phone Number	( ) -			

To be Completed by an Authorized Medical Professional

Select the type of life-sustaining medical equipment the patient is using: Oxygen Pump Ventilator Other _____

Date patient began using Oxygen Pump / Ventilator / Other _____ How many hours Oxy / Vent (only) used daily _____

Anticipated duration that patient will use Oxygen Pump / Ventilator / Other _____

I certify that it is medically necessary for the patient identified above to use the identified equipment for the number of hours indicated per day and for the length of time specified within the household of that patient.

Signature of Authorized Medical Professional _____ Date _____

License Number (required)_____

Printed Name/Title (if completed on behalf of Authori zed Medical Professional) _____

Submit the completed form by:

- Email: ccc.24hour@cmpco.com
- Fax: 207.629.2195
- Mail: Customer Contact Center, 83 Edison Drive, Augusta, ME 04336
- Or call us at: **800.750.4000** (Monday through Friday, 7:30 a.m. to 6 p.m.)