



**CENTRAL MAINE
POWER**

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

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.

Account/Patient Information				
CMP Account Number				
Billing Name on Account	First	Last		
Service Address		City	State	Zip
Mailing Address		City	State	Zip
Phone Number	() -			
Patient Name	First	Last		
Patient Address		City	State	Zip
Subsidized Housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Healthcare Provider Information				
Name	First	Last		
Address		City	State	Zip
Phone Number	() -			

To be Completed by Healthcare Provider

Type of life-sustaining medical equipment _____

If the patient is currently using an **oxygen/ventilator**, please complete the following:

Date patient began using oxygen pump _____ Number of hours used per day _____

Anticipated duration 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 the time specified.

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 Healthcare Provider _____

Printed Name/Title (if signed by person other than the Healthcare Provider) _____

Date _____

<p>CUSTOMER CONTACT CENTER:</p> <p><input type="checkbox"/> SAP <input type="checkbox"/> Confirmation Letter and Fact Sheet</p>	<p>OFFICE USE ONLY</p>	<p>SERVICE CENTER:</p> <p><input type="checkbox"/> SAP</p>
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