
MEDICAL CERTIFICATION LETTER

Sheet 1

(See Attachment Form)

(N)

(Continued)

(TO BE INSERTED BY UTILITY)

Advice 1349

Decision

ISSUED BY

J. T. LINAM

DIRECTOR - Rates & Regulatory

(TO BE INSERTED BY C.P.U.C.)

Date Filed 10/29/2021

Effective 10/29/2021

Resolution _____

Date

Customer Name
Service Address

For Service To:
Account Number:
Service Address:

Re: Medical Emergency Certificate
Service Address

MEDICAL EMERGENCY CERTIFICATE

This form must be completed by a licensed physician or nurse practitioner to validate the medical necessity for water service for individual(s) residing within the property of the account referenced below. A response is required within seven (7) days of letter date.

Account holder name: _____

Account holder address: _____

Date Completed: _____

I certify that the individual listed below is seriously ill or has a medical condition which may be aggravated without access to water service within their home/property.

1. Required patient information:

a. First and last name of affected individual: _____

b. Address on file: _____

c. Relationship to water account holder: _____

2. Required condition details

a. Nature of the medical condition:

b. Anticipated length of condition:

Physician or Nurse Practitioner Signature: _____

Physician's Office Address: _____

Physician's Office Telephone: _____

IMPORTANT NOTE: Once approved, the certification will remain active for 30 days. Certification may be renewed for an additional 30 days, if needed. The account holder will remain responsible for the account balance due. Please fax the signed and completed certificate to (618) 433-4499.

For details on how we treat the information you have provided to us on this form, and your privacy rights and how to exercise them [including how to exercise a "do not sell" opt-out] visit our website <https://amwater.com/corp/privacy-policy> or contact us at 1-844-297-5952.