



**PHYSICIAN'S CERTIFICATE OF MEDICAL NEED FOR UTILITY SERVICE**

The Missouri Public Service Commission requires utilities under its jurisdiction to honor physician's certificates, or a physician's letter on the physician's letterhead, which attests to the fact that a utility customer or any permanent resident of the household has a serious medical condition, and clearly states that the discontinuance of that utility's service would rapidly either give rise to a substantial risk of death or gravely impair the health of the customer or another permanent household resident.

A licensed physician or other licensed health care professional providing health care services to the patient may initially notify the utility of the serious medical condition and substantial risk of death or grave impairment of health resulting from discontinuance of utility service. However, the notice must be followed within fourteen (14) days by the certificate or letter referenced above. The certificate is valid for at least twenty-eight (28) days from the date of first notice.

You are being asked to verify that the stated medical condition exists. This certificate allows the utility customer time to secure payment for utility service or to make alternate arrangements for care of the patient. Thank you for your cooperation.

To: (Name of Utility)  
Date:

I certify that loss of (electric / gas / water/ sewer) utility service would rapidly either give rise to a substantial risk of death or gravely impair the health of my patient, \_\_\_\_\_, who lives at \_\_\_\_\_.

The nature of the serious medical condition is (fill in) \_\_\_\_\_.

The effect of loss of the selected utility service would be (fill in) \_\_\_\_\_.

I am licensed to practice medicine by the Missouri State Medical Board or a comparable licensing authority in the State of \_\_\_\_\_.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician Name (Please Print)  
Address  
Phone Number