Date

Electric/Phone/Water & Sewage Company
Address
City, State
Zip Code

Patient: _____
DOB: _____
Parents/Guardian: _____
Address: _____
Phone: _____
Account Number: _____

(For electrical) The above named patient has a severe medical condition requiring continuous electrical service for the following piece of medical equipment:
___ ventilator
___ apnea monitor
___ suction machine
___ enteral feeding pump
___ other _____

(For Phone & Water) The above named patient has a severe medical condition requiring life support equipment and needs continuous phone/water service in the home for emergency use.

(For all) Any disconnection of service could be life threatening. This child should be placed on a priority list. In the event of anticipated interruptions of services, the parent(s) should be notified in advance. In the event of an unexpected interruption of service, this family should have their service reinstated on a priority basis.

Please notify our office in advance of possible disconnection for non-payment. Our office would like to be aggressive in working with your agency and the family as quickly as possible while maintaining services.

Thank you for your time and attention in this important matter.

Sincerely,

Physician
(include address and phone number here if not on letterhead)