



# WISCONSIN PHYSICIAN'S STATEMENT

## MEDICAL CERTIFICATION FORM

**Do not submit this form if disconnection for service(s) will merely cause discomfort and/or inconvenience.**  
Use of this certification form does not provide any rights to the customer regarding service restoration in the event of an unexpected outage.  
Use of this certification form does not protect your account from collection action for unpaid utility bills.

### Section 1: The following information is to be completed by the Patient

Patient's Name: (Printed) \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Relationship to Customer (Account Holder) Self / Other: \_\_\_\_\_

Cell phone :(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ email: \_\_\_\_\_

I \_\_\_\_\_ (Circle one: Patient/Legal Guardian/or Power of Attorney) hereby grant my consent to the below named licensed physician, as well as my third-party contact person, to release to Reedsburg Utility Commission such information as noted below, plus any supplemental information as may be needed by Reedsburg Utility Commission to verify the medical need for this Wisconsin Physician's Statement. I understand that continuous utility service is not guaranteed and it is my responsibility to maintain a backup system or have an alternate plan in the event of unscheduled power interruptions. I certify that the patient named is a permanent resident at the address listed and that all information provided is accurate. If the conditions for a Critical Care hold are met, I also agree to notify the company when this medical hold is no longer necessary.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Patient /Legal Guardian/Power of Attorney

### Section 2: The following information is to be completed by the Customer (Account Holder)

Customer Name: (Printed) \_\_\_\_\_ RUC Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I certify the information above is accurate and the patient is the customer on record or a permanent household member of the customer residing at this address.

Customer Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Approval of this form does not prevent shut-offs indefinitely. You must take steps to resolve unpaid bills to avoid service interruption in the future.

### Section 3: The following information is to be completed by a Physician or Public Health Official

Please select one of the two options below

**Medical Emergency Patient**

I certify that the patient has the following medical emergency condition(s) that will be aggravated by the loss of electric and/or water service.

Condition(s): \_\_\_\_\_ Equipment: \_\_\_\_\_ Time Period: \_\_\_\_\_

Patient suffers from an existing medical condition that will be aggravated by the lack of electric or water service. A utility shall postpone disconnection for no longer than 21 days if the customer or member of the customer's household has a certified medical emergency. Please note, additional certificates are required to extend postponement of shut-off. Postponement of shut-off for medical emergency conditions shall not exceed 63 days.

**Critical Care Patient** (Requiring constant electricity or water for medical or life support equipment)

I certify that the patient has the following critical condition(s) which requires constant electricity or water for medical or life support equipment.

Critically ill condition(s): \_\_\_\_\_ Is the patient's need for service temporary or permanent?  
(Circle one)

Life Support Equipment: \_\_\_\_\_ If temporary, when does the condition expire? \_\_\_\_\_

Patient uses life-supporting medical equipment at home and termination of the utility service would be immediately life threatening. Disconnection of utility service(s) for Critical Care Patients shall be postponed on an annual basis. (A new Medical Certification Form must be completed and submitted annually to be renewed.)

Name: \_\_\_\_\_

Title/Specialty: \_\_\_\_\_

Organization: \_\_\_\_\_

Office hours: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Patient name: \_\_\_\_\_

Date of last office visit \_\_\_/\_\_\_/\_\_\_

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

License # \_\_\_\_\_

For Reedsburg Utility  
Office Staff  
Date Received in  
office \_\_\_\_\_  
Date red seal placed  
\_\_\_\_\_

For service(s) to remain on, all sections of this form must be completed, legible and returned to Reedsburg Utility, prior to the scheduled disconnection time. Have your medical provider fax the completed form to (608)524-2423, mail to P.O. Box 230 Reedsburg, WI 53959, or email to [ruc@rucls.net](mailto:ruc@rucls.net) along with a statement on the Physician's company letterhead for verification.

**INCOMPLETE FORMS WILL NOT BE CONSIDERED.**



# WISCONSIN PHYSICIAN'S STATEMENT

## MEDICAL CERTIFICATION FORM

### **To Physicians and Public Health Officials:**

*This form is for your use in verifying a medical condition of this patient that justifies a hold on shutting off utility service(s).*

### **To make a request for a medical hold:**

1. *Section 1* of the Medical Certification Form must be completed by the resident (patient) of household requiring Medical Emergency Hold or by legal parent or guardian if patient is under the age of 18.
2. *Section 2* of the Medical Certification Form must be completed by Reedsburg Utility Commissions' customer on record.
3. *Section 3* of the Medical Certification Form must be completed by physician or Public Health Official.
4. Return the completed form along with a statement on the Physician's letterhead to Reedsburg Utility Commission:

Fax number: 608-524-2423

Email: [ruc@rucls.net](mailto:ruc@rucls.net) (Please note this is not a secure email)

Mailing address: PO Box 230, Reedsburg, WI 53959

In person: 501 Utility Ct., Reedsburg, WI 53959

**Instructions:** A customer may provide a signed medical emergency hold request to postpone the disconnection of utility service(s) or restore service(s). For electric or water service to remain on, this certificate needs to be completed and returned to Reedsburg Utility prior to the scheduled disconnection time. If utility service is a necessity, you must make other arrangements for on-site back-up capabilities or other alternatives in the event of loss of service. If a customer submits a medical emergency hold request signed by a physician or public health official, along with the additional required information, Reedsburg Utility Commission will suspend shut-off action for at least 21 days, and service(s) will be restored, where applicable. The customer will be required to pay a reconnection fee prior to service restoration. The customer may be charged a deposit to the account for service restoration due to disconnection for non-payment.

**Approval of this form does not prevent shut-offs indefinitely.** You must take steps to resolve unpaid bills to avoid service termination in the future. If a payment or a suitable payment arrangement on the arrearage is not made during the 21 day suspension, the utility may pursue disconnection of service(s).

**This form must be complete and legible to be processed.** All information is required unless otherwise indicated. Completed forms will be processed within one business day.

### **These definitions apply in using this form:**

**Medical Emergency** – An existing medical condition of the customer or a member of the customer's household, as defined and certified by a physician or Public Health Official on this medical certification form, which will be aggravated by the lack of utility service(s).

A utility shall postpone disconnection for no longer than 21 days if the customer or member of customer's household has a certified medical emergency. Please note, additional certificates are required to extend postponement of shutoff. Postponement of shutoff for medical emergency conditions shall not exceed 63 days.

**Critical Care Customer** – A customer who requires, or has a household member who requires, home medical equipment or a life support system, and who, on an annual basis, provides this medical certification form from a physician or medical facility, to the utility, identifying the medical equipment or life support system and certifying that an interruption of service would be immediately life-threatening.

Disconnection of utility service(s) for Critical Care customers shall be postponed on an annual basis. (A new Medical Certification Form must be completed and submitted annually to be renewed.)