



Dear Physician, Physician's Assistant, or Nurse Practitioner:

Please complete the Emergency Medical Certification form, provided for your convenience, and return it to UGI Utilities, Inc. via fax to 610-736-5863. This form is also available via e-mail upon your request. If you wish to receive this form electronically, please e-mail ugicallcenter@ugi.com to obtain this form along with instructions to return the form via e-mail or fax.

Please note that all fields are required to process the Emergency Medical Certification at UGI.

The customer or a member of the customer's household must be seriously ill or has been diagnosed with a medical condition which requires the continuation of service to treat the medical condition. The patient must presently and normally be living at the address where service is provided.

Customers receiving an Emergency Medical Certification may be placed on a payment agreement, if eligible, or will be expected to continue with an existing payment agreement.

Under 52 PA Code, Chapter 56.118a (1) UGI Utilities, Inc. has the right to contest the validity of an emergency medical certification. These procedures involve the utility filing a petition with the Pennsylvania Public Utility Commission for review.

The completed Emergency Medical Certification form or required information on doctor's letterhead or prescription pad must be returned to UGI Utilities, Inc. to stop the current service termination process. If utility service is currently off, service will be restored upon receipt of the completed Emergency Medical Certification or required documentation.

A completed Emergency Medical Certification will remain in effect for a maximum of 30 days. In the instances where the customer of record has not met their obligations under Chapter 56.116 to equitably make payment on all bills, the number of renewals is limited to two 30-day certifications.

Thank you for your cooperation.

Yours Truly,

Credit & Collection Department



Emergency Medical Certification

All fields are required information.
Please fax to 610-736-5863 when completed.

Completed by UGI or Customer

Date: _____
Name of Customer of Record: _____
Account Number: _____
Service Address: _____
City, State, ZIP: _____
Mail address: _____
Phone Number: _____

Completed by Physician, Physician's Assistant or Nurse Practitioner

Name of Patient _____
Relationship of Patient to Customer of Record _____

I am a duly licensed physician, physician's assistant, or nurse practitioner under the laws of Pennsylvania and my office for the practice of medicine is located at:

I certify that in my professional opinion the above-named patient is seriously ill and has been diagnosed with a medical condition for the anticipated length of time which requires the continuation of service to treat the medical condition.

Utility service should, therefore, not be terminated for at least _____ days after the date on this form.

This certificate is in effect for a maximum of 30 days. I understand that I may be contacted to verify the statements contained herein.

Signature of Physician, Physician's Assistant,
or Nurse Practitioner

Date

License Number

Phone Number

Utility service may be shut off at the above address unless this notice is completed or required information is received and signed by a physician, physician's assistant, or nurse practitioner. If utility service is currently off, service will be restored upon receipt of the completed form. Please note, the customer of record continues to have the responsibility to make a reasonable payment agreement on amounts owed to UGI Utilities, Inc.