Date: [Date]

To: [Utility Company Name]
Address: [Utility Company Street Address]
City, State, Zip: [City, State, Zip Code]

RE: Medical Necessity - Utility Disconnection Waiver

Account Holder Name: [Name on Account]
Account Number: [Utility Account Number]
Service Address: [Full Service Address]

To Whom It May Concern,

I am writing as the healthcare provider for [Patient Name], who resides at the address listed above. This letter serves as formal notification that [Patient Name] suffers from a chronic respiratory condition that requires the daily use of a nebulizer machine powered by electricity.

The use of this nebulizer is medically necessary for the patient's life-sustaining treatment. Any interruption of electrical service to this residence would pose an immediate and serious threat to the patient's health and safety, potentially leading to respiratory distress and emergency hospitalization.

Pursuant to [State/Local Law if known] and your company's medical emergency policies, I request that this account be flagged for "Medical Necessity" status to prevent any disconnection of services due to non-payment or scheduled maintenance without significant prior notice.

Provider Information:
Physician/Provider Name: [Name]
License Number: [License Number]
Facility Name: [Clinic/Hospital Name]
Phone Number: [Phone Number]

This medical certification is valid for [Number] months/years from the date of this letter. Please update the account records accordingly and send confirmation of this protection to the account holder.

Sincerely,

[Signature of Medical Provider]
[Printed Name of Medical Provider]