Date: [Date]

To: [Utility Company Name]
Attention: Medical Emergency/Billing Department
Address: [Utility Company Address]

RE: MEDICAL EMERGENCY NOTICE - UTILITY SHUT-OFF PREVENTION

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

To Whom It May Concern,

This letter serves as formal medical certification that the resident at the above address, [Patient Name], is currently under hospice care for a life-limiting illness.

The continued provision of utility services (electricity/gas/water) is medically necessary for this patient. Disconnection of service would pose an immediate threat to the patient's health and safety due to the reliance on the following:

- [List equipment, e.g., Oxygen Concentrators, Electric Hospital Bed, Nebulizers]
- Temperature regulation required for patient comfort and stability.
- Operation of essential medical monitoring devices.

In accordance with state regulations regarding medical emergencies and utility shut-off prevention, please place a medical hold on this account to prevent any interruption of service. We request that this protection remain in effect for the maximum duration allowed by law.

Physician/Hospice Agency Information:

Hospice Agency Name: [Agency Name]
Certifying Physician: [Physician Name]
Medical License Number: [License Number]
Phone Number: [Phone Number]
Email/Fax: [Email or Fax Number]

If further documentation or a specific company form is required, please contact our office immediately at [Phone Number].

Sincerely,

[Signature of Physician or Authorized Hospice Representative]
[Printed Name and Title]
[Hospice Agency Name]