Date: [Date]

To: [Utility Company Name]
Account Number: [Your Account Number]
Service Address: [Full Service Address]

Subject: Medical Emergency Financial Protection - Infant Incubator Use

To Customer Service Department,

This letter serves as formal notification that a resident at the above address, [Infant's Name], is an infant who requires the continuous use of an electric incubator for life-sustaining medical support.

The use of this medical equipment is a necessity for the health and safety of the infant. A disruption in electrical service would pose an immediate and life-threatening risk. Therefore, I am requesting that this account be flagged for "Medical Emergency" status to prevent any shut-off of utility services due to non-payment or scheduled maintenance without prior direct coordination.

Please find the required medical certification below/attached:

Physician Statement:

I, Dr. [Physician Name], certify that [Infant's Name] has a medical condition that requires the use of an infant incubator. The loss of utility service would be especially dangerous to this patient's health.

Physician Signature: _____
Medical License Number: [Number]
Phone Number: [Phone Number]
Date: [Date]

Please confirm receipt of this letter and update my account records immediately. You may contact me at [Your Phone Number] or [Your Email Address] if further documentation is required.

Sincerely,

[Your Signature]
[Your Printed Name]