

## MEDICAL CERTIFICATE FORM

**TO BE COMPLETED BY A LICENSED PHYSICIAN/ PHYSICIAN'S ASSISTANT/ NURSE PRACTITIONER**

This certificate is in effect for the anticipated length of the medical condition up to a maximum of 30 days.  
The ratepayer still has the responsibility to make reasonable payment arrangement for bills owed to the Utility.

**GAS SERVICE MAY BE SHUTOFF AT YOUR HOME UNLESS THIS FORM IS COMPLETED & SIGNED BY A MEDICAL PRACTITIONER AND RETURNED TO PEOPLES BEFORE THE DATE ON THE TERMINATION NOTICE. IF YOU ARE INELIGIBLE FOR A MEDICAL CERTIFICATE, RETURNING THIS FORM WILL NOT PREVENT THE TERMINATION.**

Name and address of customer or applicant in whose name the utility account is or will be registered:

\_\_\_\_\_

Customer or applicant utility account number (optional): \_\_\_\_\_

Customer or applicant telephone number (optional): \_\_\_\_\_

Patient name and relationship to customer or applicant if different from above:

\_\_\_\_\_

Permanent address of Patient:

\_\_\_\_\_

Patient telephone number (optional): \_\_\_\_\_

Anticipated length of the affliction/medical condition: \_\_\_\_\_

Printed name of the Physician, Nurse Practitioner, or Physician's Assistant:

\_\_\_\_\_

License number of the Physician, Nurse Practitioner, or Physician's Assistant: \_\_\_\_\_

Office address and Office Phone number of the Physician, Physician's Assistant, or Nurse Practitioner:

\_\_\_\_\_

Physician, Nurse Practitioner, or Physician's Assistant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return completed certificate by e-mail to [CustomerCarePeoples@peoples-gas.com](mailto:CustomerCarePeoples@peoples-gas.com) or by fax to (855) 269-0090 or by mail to PO Box 535323, Pittsburgh, PA 15253-5323. If you have any questions, please call us at (800) 764-0111, Monday through Friday, 7:00 a.m. – 5:00 p.m.**