



Brainerd Public Utilities
 8027 Highland Scenic Road
 P.O. Box 373
 Brainerd, MN 56401-0373

Phone (218) 829-8726
 Fax (218) 829-4703

Physician's Certification of Illness form for Brainerd Public Utilities Customers	
Brainerd Public Utilities Acct #: _____	
Date: _____	20 _____

TO BE COMPLETED BY PHYSICIAN

One of our customers has applied to Brainerd Public Utilities (BPU) for protection against termination of his or her electric service because he/she, or someone within the household, is suffering from a serious illness or life threatening condition. In accordance with Minnesota Statutes 216B.098, BPU will enroll your patient in our medical protection plan provided you, as a registered physician, certifies in writing that he/she, or someone in the household, is suffering from a serious illness or a life threatening condition. Therefore, it is necessary that you provide BPU with the following information:

Patient's Name _____ **Phone #** (_____) _____

Patient's Address _____ Brainerd, MN 56401

Does the above individual have a medical necessity for life sustaining equipment? **Yes** **No**

If yes, please check the appropriate qualifying equipment box below.

- Ventilator Sleep Apnea Heart Monitor Infusion Pump
- Feeding Pump Kidney Dialysis Oxygen Concentrator Respirator
- Suction Machine Other Critical Life Sustaining (equipment used) _____
- Other – not life sustaining
- Estimated Length of Need _____/_____/20_____

Physician's Name _____ **License Number** _____

Address _____ **State:** _____ **Zip Code:** _____

Office Number (_____) _____ **Fax Number**(_____) _____

Physician's Signature _____ **Date** _____/_____/20_____

Please Print

<p>Please complete and mail or fax this form to Brainerd Public Utilities within five (5) days of receipt.</p> <p>Brainerd Public Utilities Attn: Kelly Ann PO Box 373 Brainerd, MN 56401 218-829-4703 (Fax)</p>
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