



Central Maine Power Company
 Customer Relations Center, 83 Edison Drive, Augusta, ME 04336

Fax: 207-621-7861

LIFELIGHT CERTIFICATION

Certificate of Medical Equipment Necessity

Please complete and sign form to enroll in our LifeLight Program

<i>ACCOUNT/PATIENT INFORMATION</i>	
CMP Account Number:	
Billing Name on Account:	
Service Address:	Subsidized Housing <input type="checkbox"/> Y <input type="checkbox"/> N
Mailing Address:	
Phone Number:	
Patient's Name:	
Patient's Address	
Physician's Name:	
Office Address:	
Physician's Phone Number:	
Physician's Fax Number	

****Please note – this is not the appropriate form to avoid a disconnect for non-payment or to certify a medical emergency****

INFORMATION TO BE PROVIDED BY PHYSICIAN

Medical Equipment Information

Please complete if **life sustaining** medical equipment is currently in use to treat a medical condition that requires electrical service for regular operation which exceeds 30 days and/or is generally considered to be long term in nature.

Type of medical equipment: _____

Your signature confirms that medical necessity equipment exists within the household of the patient listed above and the loss of electrical service would likely impair the operation of such equipment.

Signature of Physician or Physician's Agent/Designee: _____

Printed Name/Title (if signed by person other than the physician) :

Date:

Oxygen Pump Information

If the patient is currently using an oxygen pump, please complete the following:

Date patient began using oxygen pump: _____

Number of hours used per day: _____

Anticipated duration (in days or months) that patient will use oxygen pump: _____

I certify that it is necessary for the patient identified above to use an oxygen pump for the number of hours indicated per day and for the length of time specified.

Signature of Physician or Physician's Agent/Designee: _____

Printed Name/Title (if signed by person other than the physician) :

Date:

OFFICE USE ONLY

Customer Relations Center	Service Center
CSS/GUI (15-04, 15-10, 15-14, 15-01, 15-07, 15-14)	SAP (Install sticker & tag)
SAP	CSS/GUI (16-03)
Confirmation letter & fact sheet	