

THIRTY-DAY MEDICAL CERTIFICATE

FORM 199 (8-95)

The Oklahoma Corporation Commission requires gas utilities under its jurisdiction to suspend collection activity when a consumer certifies that the consumer or a permanent member of the household has a medical condition where discontinuance of gas service would be life-threatening. A life-threatening condition is defined as one where the consumer or other permanent resident of the household is dependent upon gasoperated equipment that is prescribed by a physician and is needed to sustain the person's life.

Examples of life-sustaining equipment include: kidney dialysis machine, iron lung, oxygen concentrator and certain other oxygen machines, cardiac monitor, heating and air-conditioning equipment, or any other equipment that is prescribed by a licensed medical doctor. If battery backup is normally available for the life-sustaining equipment, then the medical condition is not considered life-threatening. **The following equipment is not considered to be life-sustaining equipment:** hot water heater, refrigerator, range/stove, nebulizer that is battery-driven or hand-driven or self-contained, battery-driven sleep apnea monitor, battery-driven cardiac monitor.

The consumer may initially certify the condition, but further verification of the condition by a licensed medical or osteopathic doctor is required.

CONSUMER INFORMATION
To be completed by the Consumer

NAME OF CONSUMER		GAS ACCOUNT NUMBER	
ADDRESS			
CITY	STATE	ZIP CODE	HOME PHONE ()
PLACE OF EMPLOYMENT			
NAME OF IMPAIRED INDIVIDUAL IF OTHER THAN CONSUMER		RELATIONSHIP IF OTHER THAN CONSUMER	

By signing this Medical Certificate, I acknowledge that a permanent resident of the household is applying for the life-threatening situation certificate and, as the consumer, I am responsible for the payment of bills rendered for gas service.

Completion of this form will suspend disconnection of gas service to the specified residence for a period of thirty (30) days from the initial notification. After the initial thirty (30) days, normal collection action will resume. The 30-day period may be extended by the utility at the request of the consumer for one (1) additional contiguous 30-day period, but only if necessitated by the life-threatening condition as indicated by doctor verification. The request for the additional 30-day extension must be made before the end of the initial 30-day period. The utility is not required to furnish service to the consumer beyond a total of sixty (60) days for the life-threatening condition without full payment of the account or acceptable payment arrangements on any unpaid balance. Failure of the consumer to fully comply may result in denial of life-threatening status and renewed collection activity by the utility, including termination of service to the residence.

DATE	CONSUMER'S SIGNATURE
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Verification of Health Condition

As a licensed medical or osteopathic doctor, you are asked to verify that the patient's stated medical condition exists and is life-threatening without gas service. Please be advised that your action in this matter may result in this person being permitted to use utility services without immediate payment if financially warranted.

We appreciate your willingness to participate as a verifier and trust you will do so advisedly, considering the fact that energy consumed during this suspension period must eventually be paid for by the utility consumer.

Our intent is to ensure that those utility consumers having a genuine life-threatening situation in their homes are not mistaken for those who would abuse this privilege at the expense of others.

HEALTH CONDITION VERIFICATION To be completed by the Medical or Osteopathic Doctor

NAME OF PATIENT		NATURE OF MEDICAL PROBLEM	
IS THIS CONDITION CONSIDERED LIFE-THREATENING WITHOUT GAS SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHAT IS THE ESTIMATED DURATION OF THE LIFE-THREATENING CONDITION?	
SPECIFY THE EFFECT GAS SERVICE DISCONTINUANCE WILL HAVE UPON THE HEALTH OF THEIMPAIRED INDIVIDUAL.			
SPECIFY ANY GAS-OPERATED EQUIPMENT NECESSITATED BY THE MEDICAL PROBLEM(SEE EQUIPMENT EXAMPLES ON REVERSE SIDE)			
DOCTOR		BUSINESS PHONE ()	
ADDRESS			
CITY		STATE	ZIP CODE
DATE		DOCTOR'S SIGNATURE	