



411 7th Avenue Ste 3
Medical Verification Department 6-1
Pittsburgh, PA 15219
Telephone Number: 1-412-393-7200

REQUEST FOR MEDICAL CERTIFICATION
Solicitud De Un Certificado Medico

CUSTOMER NAME: _____ **ACCOUNT No.:** _____
Service Address: _____ **Telephone:** _____
City, State, Zip _____

To Be Completed by Customer

NAME OF PERSON WITH SERIOUS ILLNESS OR
MEDICAL CONDITION REQUIRING ELECTRIC SERVICE: _____
ADDRESS OF SERIOUSLY ILL PERSON _____
RELATIONSHIP TO CUSTOMER: _____
STATUS OF ELECTRIC SERVICE: **ELECTRIC ON** **ELECTRIC OFF**

MEDICAL CERTIFICATION

I certify that the person named below is seriously ill or is diagnosed with a medical condition requiring the continuation of electric service to treat the medical condition.

PATIENT'S NAME: _____ DATE OF BIRTH: _____

EXPECTED DURATION OF ILLNESS: _____

SIGNATURE
LICENSED PHYSICIAN PHYSICIAN'S ASSISTANT NURSE PRACTITIONER

LICENSE NUMBER

PRINT NAME

DATE

OFFICE ADDRESS

TELEPHONE NUMBER

RETURN COMPLETED FORM TO:

DUQUESNE LIGHT COMPANY
MEDICAL VERIFICATION DEPARTMENT 6-1
411 7TH AVE STE 3, PITTSBURGH, PA 15219
FAX: 412-393-5656 **EMAIL: Medicals@duqlight.com**

OFFICE USE ONLY:
DATE RECEIVED: _____
VIA: **MAIL** **FAX** **EMAIL**