



411 Seventh Avenue 6-1
Medical Verification Department
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 <input type="checkbox"/> PHYSICIAN'S ASSISTANT <input type="checkbox"/> NURSE PRACTITIONER <input type="checkbox"/>	_____ LICENSE NUMBER
_____ PRINT NAME	_____ DATE
_____ OFFICE ADDRESS	_____ TELEPHONE NUMBER

RETURN COMPLETED FORM TO:

DUQUESNE LIGHT COMPANY
MEDICAL VERIFICATION DEPARTMENT
411 SEVENTH AVENUE 6-1, PITTSBURGH, PA 15219
FAX: 412-393-5656 EMAIL: MEDICALS@DUQLIGHT.COM

OFFICE USE ONLY:	
DATE RECEIVED: _____	
VIA:	MAIL <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL <input type="checkbox"/>