



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. (optional): _____
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: _____

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 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