

Critical Care Customer Physician Certification

Date: \_\_\_\_\_

Utility Billing Department  
City of St. Louis  
108 W. Saginaw St  
St. Louis, MI, 48880

Please be advised that \_\_\_\_\_ (patient name)

residing at \_\_\_\_\_ (address) has a medical condition that  
requires the following home medical equipment or life-support system.

(equipment description) \_\_\_\_\_

Any interruption of electrical service would be immediately life-threatening for this individual.

Print and Sign by preparer:

\_\_\_\_\_  
\_\_\_\_\_

This letter is to be used as an example to meet the documentation requirements of MCL460.9s. It may be copied to the health providers letterhead and filled in manually. In whatever form used it is important that it be on official stationery, signed, dated, and indicate that interruption of service would be life threatening. Note-- postponement of services is for 21 days and then must be recertified. Total postponement of shutoff cannot exceed 63 days in any 12-month period per household member.