

# REQUEST FOR MEDICAL CERTIFICATION

**Medical Certification:** A medical certificate from a doctor or local board of health can stop disconnection for 60 days if you haven't used a medical certificate in the past 12 months or you paid off an unpaid previous balance related to a last medical certificate. This medical certificate must contain: 1) Your ComEd account number, service address, and a good contact number; 2) Name of the person residing at your address; 3) A statement that disconnection of utility service will aggravate an existing medical emergency or create a medical emergency for the patient; 4) Name and contact information for the doctor or board of health; 5) You must contact ComEd within 14 days after service interruption.

**Dear Physician, Physician Assistant, or Licensed Practitioner:** All requested information on this form must be completed for this medical certification to be valid. Please note certification is only accepted by a licensed physician, physician assistant or licensed practitioner.

TO BE COMPLETED BY CUSTOMER	
ACCOUNT NUMBER:	
NAME:	BEST CONTACT NUMBER:
ADDRESS:	
NAME OF ILL PERSON RESIDING AT YOUR ADDRESS:	

TO BE COMPLETED BY LICENSED PHYSICIAN, PHYSICIAN ASSISTANT, OR LICENSED PRACTITIONER			
PLEASE CIRCLE YOUR TITLE:	PHYSICIAN	PHYSICIAN'S ASSISTANT	LICENSED PRACTITIONER
NAME:			
OFFICE ADDRESS:			
OFFICE PHONE NUMBER			

I certify that in my professional opinion, the above patient has a medical condition that would be aggravated by the absence of energy service.

\_\_\_\_\_  
(Signature of Physician/Physician Assistant/Licensed Practitioner)

\_\_\_\_\_  
DATE

FAX signed form to: 1-630-684-2692 or visit ComEd.com Customer Support Bill Payment Assistance

**Once we have received the certification form, a ComEd representative will contact the customer to complete the payment arrangement on the energy bill.**