** Please complete highlights below for form to process**

MEDICAL CERTIFICATION FORM

PSEG LONG ISLAND

PART A: To be completed by Customer
PART B and C: To be completed by Licensed Medical Professional Licensed Medical Professional, which includes, Medical Doctor (M.D./D.O.), Physician Assistant, Nurse Practitioner, or Board of Health.

PART A: CUSTOMER INFORMATION — Please complete all areas below

Wendy Wagner
Customer Name

Wendy Wagner
Name of Person Using (Patient)

5-10-1944
Date of Birth (Patient)

PSEG Long Island Account Number

2105 Manor Lane | Massapequa | New York | 11758
Street Address | **City** | **State** | **Zip Code**

908 456 2783
Primary Contact Number | **Alternate Contact Number** | **Email Address**

Wendy Wagner | 10-21-2024
Customer's Signature | **Date**

PART B: LICENSED MEDICAL PROFESSIONAL CERTIFICATION — Please complete all areas below

LIFE SUPPORT EQUIPMENT INFORMATION — Life Support protection is based on **equipment usage, not condition or diagnosis**
Please indicate the type of life support medical equipment used and certify need:

- ☐ Positive Pressure Respirator
- ☐ Cuirass Respirators
- ☐ Apnea Monitor (Infant)
- ☐ Respirators/Ventilators
- ☐ Rocking Bed Respirators
- ☐ Tank Type Respirators
- ☐ IV Feeding Machines
- ☐ IV Medical Infusion Machines
- ☐ Hemodialysis Machines
- ☐ Suction Machines
- ☒ Oxygen Concentrators

Other: _____

☐ I confirm that without the use of the equipment listed above, my patient would require **immediate hospitalization or be at risk of death.**

The following are generally **NOT** considered life support: oxygen PRN, sleep apnea machines for patients over 6 months of age (CPAP, BiPAP, APAP, VPAP), nebulizer, ICD, AED, pacemaker, spinal cord stimulator, life alert, air conditioning, refrigerated medication, electric bed, electric air mattress, electric lift and electric wheelchair/lift.

PART C: Nature of Illness or Medical Condition — Please complete all areas below

Physician must document below, the serious illness or medical condition that severely affects the patient and questions wellbeing, the expected duration of the medical emergency and explanation of the nature of the medical emergency or the reason why the absence of utility service would impact the medical emergency.

Spinal cord injury with severe autonomic dysfunction | permanent
Type of illness/medical condition | **Expected duration**

Explanation on how the absence of utility service would impact the illness/medical condition

Life threatening hypoxia

10/22/24 | 10/22/25
Licensed Medical Professional (Print Name) | **Date Signed** Date not legible

Licensed Medical Professional (Signature)

MY 150986
Licensed Medical Professional - NYS License Number

11/13/2024

Address

Optum
Primary Care - Rockville Centre
2 Lincoln Avenue, Suite 201
Rockville Centre, NY 11570
516-536-0600

Contact Number

Optum
Primary Care - Rockville Centre
2 Lincoln Avenue, Suite 201
Rockville Centre, NY 11570
516-536-0600

Affix Licensed Medical Professional's Stamp

Optum
Primary Care - Rockville Centre
2 Lincoln Avenue, Suite 201
Rockville Centre, NY 11570
516-536-0600

Form should be returned to PSEG Long Island by:

Email: medicalnotes@pseg.com **Fax:** 631-844-3635
Mail: PSEG Long Island
Attn: Customer Safeguard Solutions
15 Park Drive, Melville, NY 11747