



Brainerd Public Utilities  
 8027 Highland Scenic Rd  
 P.O. Box 373  
 Brainerd, MN 56401-0373  
 Phone (218) 829-8726  
 Fax (218) 829-4703

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|---|
| <b>Physician's Certification of Illness form for<br/>         Brainerd Public Utilities Customers</b> |
| <b>Brainerd Public Utilities Acct #:</b> _____  |
| <b>Date:</b> _____ <b>20</b> ____   |

**TO BE COMPLETED BY PHYSICIAN**

One of our customers has applied to Brainerd Public Utilities (BPU) for protection against termination of his or her electric service because he/she, or someone within the household, is suffering from a serious illness or life threatening condition. In accordance with Minnesota Statutes 216B.098, BPU will enroll your patient in our medical protection plan provided you, as a registered physician, certifies in writing that he/she, or someone in the household, is suffering from a serious illness or a life threatening condition. Therefore, it is necessary that you provide BPU with the following information:

**Please Print** **Date** \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

**Patient's Name** \_\_\_\_\_ **Phone #** (\_\_\_\_) \_\_\_\_\_

**Patient's Address** \_\_\_\_\_ Brainerd, MN 56401

I hereby certify that termination of electric service will either (check applicable box or boxes):

aggravate an existing serious illness\* **or**

prevent the use of life support equipment by the person named above.\* \*

**Physician's Name** (Please Print) \_\_\_\_\_

**License Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Office Number**(\_\_\_\_) \_\_\_\_\_ **Fax Number**(\_\_\_\_) \_\_\_\_\_

**E-mail Address** (Optional) \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

**THIS MEDICAL CERTIFICATE IS VALID FOR A PERIOD NOT TO EXCEED 30 DAYS FROM THE DATE SIGNED.**

\* "Serious illness" means an illness certifiable by a licensed physician to be such that termination of service during the period of time covered by the certificate would be especially dangerous to the health of the person certified to be seriously ill.  
 \*\* "Life -support equipment" means any electric energy-using device certified by a licensed physician as being essential to prevent, or to provide relief from, a serious illness or to sustain the life of the customer or an occupant of the premises.

**Please complete and mail or fax this form to Brainerd Public Utilities within five (5) days of receipt.**

Brainerd Public Utilities  
 PO Box 373  
 Brainerd, MN 56401  
 218-829-4703 (Fax)