

# 医疗证明表

## Medical Certification Form

致医生和公共卫生官员：本表经密歇根州公共服务委员会（Michigan Public Service Commission）批准，供您用于核实该病人的医疗状况，证明暂缓中断公用事业服务是合理的。

To Physicians and Public Health Officials: This form has been approved by the Michigan Public Service Commission for your use in verifying a medical condition of this patient that justifies a hold on shutting off utility service.

### 说明

客户可提供已签署的医疗紧急情况暂缓申请，推迟中断公用事业服务或恢复服务。如果需继续供电，您需在 3 个工作日内填写此证明，并将其重新提交给公用事业公司。如果必须使用公用事业服务，您必须做出其他安排，以便在服务中断时提供现场备用或其他替代方案。

如果客户提交了由医生或公共卫生官员签署的医疗紧急情况延缓申请，并提供了以下所需的附加信息，

将延迟至少 21 天后中断服务，并在适用情况下恢复服务。对于因未缴费而被中断服务的客户，公用事业公司可能会向其账户收取恢复服务的押金。

本表的批准并不能无限期避免公用事业服务中断。您必须采取措施处理未付账单，避免将来公用事业服务终止。我们鼓励您访问

查找可用的计划，帮助支付能源账单。您还可以拨打 211 联系 United Way，获得免费的保密服务，该服务可将人们与全州的当地社区组织联系起来，这些组织可在公用事业援助和其他需求方面提供帮助。

### 以下定义情况适用于本表格的使用：

**医疗紧急情况（Medical Emergency）**——由医生或公共卫生官员在本医疗证明表上确定和证明的客户或客户家庭成员的现有医疗状况，此医疗状况将因缺乏公用事业服务而恶化。如果客户或其家庭成员发生经证明的医疗紧急情况，公用事业公司应延迟中断公用事业服务，但延迟时间不超过 21 天。请注意，如果客户需再次延迟中断公用事业服务，则需提交额外证明。因医疗紧急情况而延迟中断公用事业服务，最多不得超过 63 天。

### Instructions

A customer may provide a signed medical emergency hold request to postpone the discontinuance of utility service or restore service. For power to remain on, this certificate needs to be completed and returned to your utility within 3 business days. If utility service is a necessity, you must make other arrangements for on-site back-up capabilities or other alternatives in the event of loss of service.

If a customer submits a medical emergency hold request signed by a physician or public health official, along with the additional required information listed below,

will suspend shutoff action for at least 21 days, and services will be restored, where applicable. The customer may be charged a deposit to the account for service restoration due to disconnection for nonpayment.

**Approval of this form does not prevent shut offs indefinitely.** You must take steps to resolve unpaid bills to avoid service termination in the future. We encourage you to visit to find available programs to assist with paying energy bills. You may also contact the United Way at 211 for free confidential service that links people with local community based organizations across the state that can help with utility assistance and other needs.

### These definitions apply in using this form:

**Medical Emergency** - an existing medical condition of the customer or a member of the customer's household, as defined and certified by a physician or public health official on this medical certification form, that will be aggravated by the lack of utility service. A utility shall postpone disconnection for no longer than 21 days if the customer or member of customer's household has a certified medical emergency. Please note, additional certificates are required to extend postponement of shutoff. Postponement of shutoff for medical emergency conditions shall not exceed 63 days.

为了确保及时审查和处理此证明表格，回复必须使用英语。未能以英语提供所需信息可能会导致处理延迟，并且不会延长 3 天的宽限期或保护。

**重症监护客户 (Critical Care Customer)** ——指任何本人需要或有家庭成员需要家庭医疗设备或生命支持系统的客户，且该客户每年向公用事业公司提供由医生或医疗机构出具的医疗证明表，确定其医疗设备或生命支持系统，并证明中断公用事业服务会立即危及生命。重症监护客户的公用事业服务中断时间应每年延迟一次。（客户必须填写并提交新的医疗证明表）。

**Critical Care Customer** - means any customer who requires, or has a household member who requires, home medical equipment or a life support system, and who, on an annual basis, provides this medical certification form from a physician or medical facility, to the utility, identifying the medical equipment or life support system and certifying that an interruption of service would be immediately life-threatening. Disconnection of utility service for Critical Care customers shall be postponed on an annual basis. (A new Medical Certification Form must be completed and submitted).

**提出暂缓申请：**

- 第 1 部分：** 医疗证明表的第 1 部分应由需要医疗紧急情况暂缓的家庭居住成员填写，如果患者未满 18 周岁，则应由其法定父母或监护人填写。
- 第 2 部分：** 由  
的记录客户填写。
- 第 3 部分：** 由医生或公共卫生官员填写。
- 将填好的表格和有效身份证明交回**

安全网站：

安全电子邮箱：

传真号码：

**本表必须填写清晰完整，方可处理。** 除非另有说明，否则所有信息均为必填项。填妥的表格将在一个工作日内处理完毕。如有任何疑问，请致电 联系

**To make a request for a medical hold:**

- Section 1:** To be completed by resident of household requiring Medical Emergency Hold or by legal parent or guardian if patient is under the age of 18.
- Section 2:** To be completed by  
customer of record.
- Section 3:** To be completed by physician or Public Health Official.
- Return the completed form and valid identification to

Secure website:

Secure email:

Fax number:

**This form must be complete and legible to be processed.** All information is required unless otherwise indicated. Completed forms will be processed within one business day. If you have any questions, please contact  
at

为了确保及时审查和处理此证明表格，回复必须使用英语。未能以英语提供所需信息可能会导致处理延迟，并且不会延长 3 天的宽限期或保护。

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To Physicians and Public Health Officials: This form has been approved by the Michigan Public Service Commission for your use in verifying a medical condition of this patient that justifies a hold on shutting off utility service.

**为确保及时审查和处理本证明表，必须填写所有部分，必须用英语回复，并在 3 个工作日内交回公用事业公司。未能以英语提供所需信息可能会导致处理延迟，并且不会延长 3 天的宽限期或保护。**

**TO ENSURE TIMELY REVIEW AND PROCESSING OF THIS CERTIFICATION FORM, ALL SECTIONS MUST BE COMPLETED, RESPONSES MUST BE IN ENGLISH AND RETURNED TO THE UTILITY WITHIN 3 BUSINESS DAYS. FAILURE TO PROVIDE THE REQUESTED INFORMATION IN ENGLISH MAY RESULT IN PROCESSING DELAYS AND WILL NOT EXTEND THE 3-DAY GRACE PERIOD OR PROTECTION.**

本人知晓，不能保证持续提供公用事业服务，本人有责任维护备用系统或制定备用计划，以防服务中断。在服务意外停止供应的情况下，使用此证明表并不赋予客户任何恢复服务的权利。

*I understand that cannot guarantee continuous utility service and it is my responsibility to maintain a backup system or have an alternate plan in the event of such loss. Use of this certificate form does not provide any rights to the customer regarding service restoration in the event of an unexpected outage.*

### 第 1 部分：患者应填写以下信息

#### Section 1: the following information is to be completed by the Patient

患者姓名： Patient's Name:	出生日期： Birthdate:	
与客户（账号持有人）的关系： Relationship to Customer (Account holder):	<input type="checkbox"/> 本人： Self:	<input type="checkbox"/> 其他： Other:
家庭电话/手机号码： Home/Cell:	工作电话号码： Work:	
<p>本人特此授权本人的医疗服务提供者向公用事业公司或公用事业公司授权的第三方披露本医疗证明表上的医疗信息，以协助审查、批准和处理本申请。我知晓，公用事业公司无法保证持续提供服务，因此我有责任维护备用系统或制定备用计划，避免公用事业公司服务中断。本人证明患者居住在以下地址，且提供的所有信息均准确无误。如果我符合重症监护暂缓的条件，我也同意在不再需要医疗暂缓时通知公司。</p> <p><i>I hereby authorize my health care provider(s) to release the medical information included on this medical certification FORM to my utility, or third parties authorized by the utility, to assist with the review, approval, and processing of this request. I understand that continuous utility service is not guaranteed and it is my responsibility to maintain a backup system or have an alternate plan in the event of a loss of utility service. I certify that the patient lives at the address listed below and that all information provided is accurate. If I meet the conditions for a Critical Care hold, I also agree to notify the company when this medical hold is no longer necessary.</i></p>		
签名（患者/法定监护人授权书）： Signature (Patient/Legal Guardian/Power of Attorney):	日期： Date:	

为了确保及时审查和处理此证明表格，回复必须使用英语。未能以英语提供所需信息可能会导致处理延迟，并且不会延长 3 天的宽限期或保护。

**第 2 部分: 客户 (账户持有人) 应填写以下信息****Section 2: the following information is to be completed by the customer (Account Holder)**

客户姓名 (印刷体): Customer Name (Printed):

客户地址 Customer Address:

市: City:

州: State:

邮政编码: Zip:

家庭电话/手机号码: Home/Cell:

工作电话号码: Work:

家庭电子邮箱: Home Email:

账号: Account Number:

服务类型:  
Type of Service 电  
Electric 天然气  
Gas**本人证明上述信息准确无误, 且患者是居住在此地址的登记客户, 或登记客户的家庭成员。*****I certify the information above is accurate AND the patient is the customer of record or a household member of the customer of record residing at this address.***

客户签名: Customer Signature:

日期: Date:

**本表的批准并不能无限期避免公用事业服务中断。您必须采取措施处理未付账单, 避免将来公用事业服务终止。我们鼓励您访问我们的网站或拨打 211 联系 United Way, 查找可用的计划, 帮助支付公用事业账单。****Approval of this form does not prevent shut offs indefinitely. You must take steps to resolve unpaid bills to avoid service termination in the future. We encourage you to visit our website or contact United Way at 211 to find available programs to assist with paying utility bills.**

为了确保及时审查和处理此证明表格, 回复必须使用英语。未能以英语提供所需信息可能会导致处理延迟, 并且不会延长 3 天的宽限期或保护。

## 第 3 部分: 以下信息由医生或公共卫生官员填写

## Section 3: the following information is to be completed by a Physician or Public Health Official

请从以下情况中勾选一项:

Please select one of the following conditions by checking one of the boxes below:

**疗紧急情况患者**

病人现有的医疗状况将**因缺乏公用事业服务而恶化**。如果客户或其家庭成员发生经证明的医疗紧急情况, 公用事业公司应延迟中断公用事业服务, 但延迟时间不超过 21 天。请注意, 如果客户需再次延迟中断公用事业服务, 则需提交额外证明。因医疗紧急情况而延迟中断公用事业服务, 最多不得超过 63 天。

**Medical Emergency Patient**

*Patient suffers from an existing medical condition that will be aggravated by the lack of utility service. A utility shall postpone disconnection for no longer than 21 days if the customer or member of customer's household has a certified medical emergency. Please note, additional certificates are required to extend postponement of shutoff. Postponement of shutoff for medical emergency conditions shall not exceed 63 days.*

兹证明患者有以下医疗紧急状况, 并将因断电和/或天然气服务中断而恶化。

**I certify that the patient has the following medical emergency condition(s) that will be aggravated by the loss of electricity and/or natural gas service.**

状况: Condition(s):

设备: Equipment:

时间段: Time Period:

**重症监护病人**

病人在家中**使用维持生命的医疗设备**, 终止公用事业服务会**立即危及**其生命。重症监护客户的公用事业服务中断时间应每年延迟一次。(客户必须每年填写并提交新的医疗证明表, 以便更新)。

**Critical Care Patient**

*Patient uses life-supporting medical equipment at home and termination of the utility service would be immediately life threatening. Disconnection of utility service for Critical Care customers shall be postponed on an annual basis. (A new Medical Certification Form must be completed and submitted annually to be renewed.)*

病人正在使用以下生命支持系统或医疗设备:

**The following life-support system(s) or medical equipment is/are used by the patient:**

设备: Equipment:

补充意见(如有): Additional comments (if any):

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患者姓名: Patient's Name:

出生日期: Birthdate:

**请选择一项: Please check one:**

<input type="checkbox"/> 医生 Physician	姓名: Name:	执照 #: License #:		
<input type="checkbox"/> 公共卫生官员 Public Health Official	姓名: Name:	执照 #: License #:		
办公地址: Business Address:		市: City:	州: State:	邮政编码: Zip:
办公电话: Business Phone:		传真: Fax:		
<p>本人证明, 本人已对本表中确认的患者进行了检查, 就本人所知, 所提供的信息均属实, 并且在所选方框内打勾并在本表上签名, 证明患者符合“医疗紧急情况患者”或“重症监护患者”标准。</p> <p><i>I certify that the patient identified on this form has been examined by me and to the best of my knowledge, information provided is true, and that, in checking the selected box and signing this form, the patient meets the criteria of a “Medical Emergency Patient” or a “Critical Care Patient.”</i></p>				
签名: Signature:			日期: Date:	

为了确保及时审查和处理此证明表格, 回复必须使用英语。未能以英语提供所需信息可能会导致处理延迟, 并且不会延长 3 天的宽限期或保护。