

OXYGEN PUMP AND VENTILATOR CERTIFICATION FORM

The Oxygen Pump and Ventilator Benefit established by rules of the Maine Public Utilities Commission provide financial assistance to eligible low-income customers who must use an oxygen pump or ventilator at least 8 hours each day. To apply for the benefit, this form must be signed and dated by the patient's physician, or the physician's agent or designee. The completed form must be submitted to the patient's electric utility at the following address:

MAINE PUBLIC SERVICE COMPANY**PO BOX 1209, PRESQUE ISLE, ME 04769-1209****ATTN: CUSTOMER SERVICE DEPARTMENT; TELEPHONE: TOLL FREE 1-877-655-4448****THIS CERTIFICATION MUST BE RENEWED ANNUALLY (during the Month of September)** **OXYGEN PUMP** **VENTILATOR****Patient Information**

Name of the patient using an oxygen pump or ventilator: _____

Patient's physical address: _____

Patient's telephone number: _____

No. of hours per day the patient must use the pump or ventilator: _____

Length of time (in days or months) the patient will need to use an oxygen pump or ventilator: _____

Customer Information

Name of customer on the utility account: _____

Utility Account Number: _____

Customer's physical address (service location): _____

Physician's Certification

I certify that it is necessary for the patient identified above to use an oxygen pump or ventilator for the number of hours indicated per day and for the length of time specified.

Signature: _____ Date: _____

Printed Name & Title (if signed by person other than the physician): _____

Name of Physician: _____

Mailing Address of Physician: _____

Telephone No. _____ Fax No. _____