

OXYGEN PUMP/VENTILATOR CERTIFICATION FORM

The Oxygen Pump Benefit established by rules of the Maine Public Utilities Commission provides financial assistance to eligible low-income customers who must use an oxygen pump or ventilator for 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:

Name of Utility: KENNEBUNK LIGHT & POWER DISTRICT

Mailing Address of Utility: 4 FACTORY PASTURE LANE, KENNEBUNK, MAINE 04043

Utility Contact: KATHLEEN DEMARRE Telephone No. 207 985 3311

THIS CERTIFICATION MUST BE RENEWED ANNUALLY

Patient Information

Equipment Used: Oxygen Pump Ventilator

Name of Patient: _____

Patient's Physical Address: _____

Patient's Telephone Number: _____

Date the Patient Began Using Equipment: _____

No. of Hours Per Day the Patient Uses the Equipment: _____

Length of Time (in days or months) the Patient Will Need to Use an Oxygen Pump: _____

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. _____