



Medical Certification

Illinois Administrative Code Part 280 states that:

1. The illness may be certified by either a licensed physician or a local board of health.
2. Certification shall include:
 - a. Name and contact information for the certifying party
 - b. Service address and name of patient
 - c. A statement that the patient resides at the premises in question
 - d. A statement that the disconnection of utility service will aggravate an existing medical emergency or create a medical emergency for the patient

A Medical Professional is required to complete this form to prohibit disconnection of natural gas service to a residential customer due to certified medical necessity.

Nicor Gas Account: _____

Patient Phone Number: Primary: _____

Secondary: _____

Patient's Full Name

Patient's Date of Birth

Account Holder's Name (if different from above)

Account Holder's Phone Number (if different from above)

Street Address

City

I certify that the termination of natural gas will aggravate an existing medical condition or create a medical condition for the patient. Yes No

I certify that the patient is a resident of the above address. Yes No

Certifying Medical Professional:

Certification Date:

Registered Physician

Local Board of Health

Facility Street Address & City

Physician's Assistant

Nurse Practitioner

Phone Number/ Fax Number

Medical Professional Name (please print)

Signature

License Number

All information is required. Please complete the form in its entirety and fax to 630-428-4510 or email to NGcorrespondence@southernco.com.