

**ILLINOIS MEDICAL CERTIFICATE**

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| **CUSTOMER/PATIENT INFORMATION** |
| ACCOUNT NO. |
| CUSTOMER OF RECORD | CUSTOMER’S PHONE NUMBER(S) |
| CUSTOMER’S SERVICE ADDRESS |
| CITY | STATE | ZIP CODE |

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| **PRIMARY CARE PHYSICIAN’S INFORMATION** |
| A licensed physician, nurse practitioner, clinical nurse specialist, certified nurse-midwife, physician assistant, or local board of health physician should complete this section, only after the patient whose name appears here on has been personally examined and you have determined that disconnection of water service would be ESPECIALLY DANGEROUS to the health of that individual. If, in your opinion, an especially dangerous situation DOES NOT EXIST, DO NOT SIGN THIS FORM.  |
| PATIENT’S NAME | PATIENT’S RELATIONSHIP TO CUSTOMER OF RECORD |
| PHYSICIAN’S NAME (Print) |
| PHYSICIAN’S OFFICE ADDRESS |
| OFFICE PHONE NO. | FAX NO. |
| PHYSICIAN’S SIGNATURE | DATE |
| It is my professional opinion that because of the medical condition of the above-named patient, it would be especially dangerous to this person’s health to have their water service discontinued within the next 60 days. |
| Once a valid medical certificate is received and approved, Aqua will not shut off the water to the property for non-payment for at least 60 days. As a condition of this medical certificate, after the first thirty (30) days, the customer of record is required to enter into a **medical payment arrangement** to pay the balance in installments along with current bills. Monthly installment amounts are higher and agreement length shorter if we receive the medical certificate after the service has been shut off. |

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| **AQUA MUST RECEIVE THIS COMPLETED FORM WITHIN 5 DAYS. MAIL OR FAX TO:** |
| FAX NUMBER: 866-780-8301 | OFFICE ADDRESS:762 W. Lancaster Avenue Attention: CollectionsBryn Mawr PA 19010 |
| PHONE: 877-987-2782 | HOURS:8:00 a.m. – 5:00 p.m. |

 3*/30/2016*