



Dear Customer,

If you have a serious medical condition, please print a copy of this form and contact us at **1-866-DOM-HELP** (1-866-366-4357) in order to apply a 10-day extension to your active account.

Individuals with a serious medical condition may require administration of specialized treatments and may be dependent on medical technology such as ventilators, dialysis machines, enteral or parenteral nutrition support, or continuous oxygen.

To extend the note, have your doctor complete and return the Serious Medical Condition Certification Form to us within 10 days. We will notify you when the completed form is received and if you are eligible for the medical program. If your medical condition changes, please call us toll-free at **1-866-DOM-HELP (1-866-366-4357)**.

If severe weather causes extensive damage, restoration of electrical service may take several days. Because we cannot guarantee uninterrupted service, we urge you to have an alternate care plan or maintain a battery-powered backup.

Upon our receipt of your approved Serious Medical Condition Certification Form (Form SMCC (01/2017) within the 10-day time period, you will have the right to delay termination of service for 30 calendar days. You may delay termination twice within a 12-month period, as long as the medical form is active on your account.

To report an outage, please call us toll-free at **1-866-DOM-HELP (1-866-366-4357)**. To avoid holding on the line for a representative, say "power outage" when the Interactive Voice Response system answers; your outage will be reported to the appropriate local office. To speak with a representative about your outage say, "I'd like to report an issue" when prompted.

A medical note on an account does not release a customer from bill payments, nor does it eliminate the possibility of eventual cut-off for nonpayment. We realize that severe medical conditions can place a strain on your budget. If you experience financial hardship, please call us to work out a payment arrangement.

Sincerely,

Dominion Energy

Customer Credit Services



Serious Medical Condition Certification Form

Form SMCC (01/2017)

To Be Completed by the Customer:			
Customer Name:		Electric Account Number:	
Customer Address:		Water Account Number:	
		Contact Telephone Number:	
City:	State:	Zip Code:	Alternate Telephone Number:
<i>I certify that the information above is accurate and the patient is the customer or a family member of the customer residing at this residence.</i>			
Customer Signature:		Date:	
To Be Completed by the Patient/Legal Guardian/Power of Attorney:			
Patient Name:		Patient Relationship to Customer:	
Contact Telephone Number:		Alternate Telephone Number:	
<i>I hereby authorize my physician to release the following information about the above-named patient to the utility's representatives and/or the State Corporation Commission and to answer related questions to help determine if the identified medical condition(s) meets the definition of a serious medical condition which is defined below. I certify the patient lives at the address listed above and all information provided is accurate.</i>			
Patient/Legal Guardian/Power of Attorney Signature:		Date:	
To be Completed by the Physician: (M.D. or D.O)			
Physician Name:		Contact Telephone Number:	
Physician Office Address:		Alternate Telephone Number:	
City:	State:	Zip Code:	Fax Number:
Current License Number:		Licensing State:	
<u>Patient's Diagnosis/Serious Medical Condition:</u>			
<u>Required Treatment for Condition:</u>			
<u>Equipment prescribed and/or required treatment for conditions (If any):</u> (Check all that apply)			
<input type="checkbox"/> Mechanical Ventilator	<input type="checkbox"/> CPAP Machine	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Feeding Pump	<input type="checkbox"/> Nebulizer		
<input type="checkbox"/> Infant Apnea Monitor	<input type="checkbox"/> Hospital Bed		
<input type="checkbox"/> Continuous Oxygen	<input type="checkbox"/> Refrigeration		
<input type="checkbox"/> Home Dialysis	<input type="checkbox"/> HVAC		
<u>Expected Duration of Condition:</u>			
<i>I certify that the above patient has a serious medical condition which is defined as a physical or psychiatric condition that requires medical intervention to prevent further disability, loss of function, or death. Such conditions are characterized by a need for ongoing medical supervision or the consultation of a physician. A serious medical condition carries with it a risk to health beyond that experienced by the majority of children and adults in their day-to-day minor illnesses and injuries. Individuals with a serious medical condition may require administration of specialized treatments and may be dependent on medical technology such as ventilators, dialysis machines, enteral or parenteral nutrition support or continuous oxygen. Medical interventions may include medications with special storage requirements, use of powered equipment, or access to water. I certify that the preceding information is correct.</i>			
Physician's Signature:		Date:	

This form was developed pursuant to: 20VAC 5-330 "Limitations on Disconnection of Electric and Water Service"

Physician: Please Email the complete form to **DEMedical@domenergy.com** or Mail to: Dominion Energy Credit Services, PO Box 26666, Richmond, VA 23261

If you have any questions about this form, please call: 1-866-DOM-HELP (1-866-366-4357)