Special Needs Customer Medical Certification Form

Customer Information to be Completed by Customer:

Name on Account _____ CPW Account # _____

Address: _____

Work # _____ Home # _____ Cell # _____

Patient's Name _____

Please read the following and initial each one:

_____ I certify that the patient named above is a member of my household residing at the address listed in the customer information section of this form.

_____ I understand that this Certificate will expire one year from November 30th and must be resubmitted annually by this date to continue participating in the Special Needs Customer program.

_____ I further understand that this in no way releases me from my obligations to pay my monthly bill in accordance with MCPW's payment terms.

Certificates are not issued for water service that is subject to disconnection.

Medical information below to be completed by a SC Licensed Healthcare Provider:

I certify that I have examined the patient named above and in my professional opinion as a medical doctor, physician's assistant, or nurse practitioner licensed by the State of South Carolina, I certify it would be especially dangerous to my patient's health if the electricity is disconnected for nonpayment of bills for the reason circled below. (McCormick CPW will attempt to notify these customers of a planned outage whenever reasonably possible.)

Nebulizer for Asthma, Lungs	Feeding (Pump) Machine	Oxygen Machine
Heart Monitor	Infant Apnea Monitor	Ventilator/Respirator
Home Dialysis Treatment	Refrigeration for Insulin	Alzheimer/Dementia

(CPAP machine for adult sleep apnea does not qualify)

A detailed explanation for reasons not mentioned above must be submitted for review.

Healthcare Provider Name _____ Office Phone _____

SC Medical License Number _____

Circle one that applies: Medical Doctor, Physician's Assistant, Nurse Practitioner

Office Address _____

Healthcare Provider Signature _____ Date _____

This form must be faxed (864-852-2485) or emailed (info@mccormickcpw.com) from the office of a SC licensed healthcare provider.