

PHYSICIAN'S CERTIFICATION OF ILLNESS

Fax to 781 942-2409 or 781 944-0614

Name of Patient (please print): ______

Residing Address of Patient (please print): _____

Our customer has applied to Reading Municipal Light Department for protection against the termination of his/her electric service because he, she or someone within their household is suffering from a <u>serious illness</u>. In compliance with M.G.L. c. 164 sec 124A, Reading Municipal Light Department will enroll your patient in our medical protection plan provided you, as a registered physician, certify in writing that he/she is suffering from a <u>serious illness</u>. Your certification of this condition shall be conclusive evidence of the existence of the serious illness claimed unless, after review, the Massachusetts Department of Public Utilities determines otherwise. Therefore, it is necessary that you provide Reading Municipal Light Department with the following information within seven (7) days of receipt of this notice by your patient.

Nature of Illness:

Is this illness "chronic":	Yes	No
Does the above patient require electricity:	Yes	No
SIGNED THIS DAY	, 20	
Physician's Signature		
Physician's Name (please print)		
Physician's Address		
Physician's Phone Number		