

**MEDICAL CERTIFICATION FOR PIEDMONT NATURAL GAS – SOUTH CAROLINA**

This form should be completed when a physician believes interruption of gas service could be hazardous to the health of the customer or a member of the household as a result of a chronic or serious illness.

**IMPORTANT – THE SIGNED MEDICAL CERTIFICATION SHALL EXPIRE ON THE THIRTY-FIRST DAY FROM THE DATE OF EXECUTION BY THE PHYSICIAN AND MAY BE RENEWED UP TO THREE (3) TIMES FOR AN ADDITIONAL THIRTY (30) DAY PERIOD EACH. THIS CERTIFICATION ONLY PREVENTS SERVICE FROM BEING DISCONNECTED DURING THE MONTHS OF NOVEMBER THROUGH MARCH.**

**This section to be completed by customer**

Customer Name	Date
Service Address	Account Number
City State Zip	Name of Patient
Home Phone Number	Relationship to Patient
Work Phone Number	

I certify that the information given above is correct and that the patient named above resides with me at the service address shown above. I also understand that I am responsible for monies owed to Piedmont Natural Gas and must make reasonable payment arrangements when balances are unable to be paid by their due dates.

\_\_\_\_\_ Date Signed \_\_\_\_\_  
Customer Signature

**ALL INFORMATION MUST BE COMPLETELY FILLED OUT BY THE CUSTOMER AND PHYSICIAN, OTHERWISE THIS CERTIFICATION WILL BE CONSIDERED NULL AND VOID BY PIEDMONT NATURAL GAS RESULTING IN POSSIBLE DISCONNECTION OF GAS SERVICE.**

**This section to be completed by physician**

I am a duly licensed physician in the State of \_\_\_\_\_ and my office practice of medicine is located at \_\_\_\_\_.

I certify that in my professional opinion the above named patient is seriously ill and afflicted by the following condition which would be hazardous to their health by the absence of gas service:

\_\_\_\_\_

This condition is: Permanent \_\_\_\_\_ Temporary \_\_\_\_\_

If temporary, anticipated length of illness \_\_\_\_\_

I understand that I may be contacted to provide verification of these statements.

\_\_\_\_\_ Date Signed \_\_\_\_\_  
Signature of Physician

\_\_\_\_\_ Office Phone Number \_\_\_\_\_  
License Number