

Form 8: Serious and Chronic Illness/ Utility Shut-Off Letter

(Form for Physician or Health Care Provider to Fill Out)

Name of doctor/ health center

Address

Date

Utility company

Street Address

City, ST 00000

Attn: Customer Service Department

Re: _____ *(patient's name)*
_____ *(patient's address)*
_____ *(utility company account number, if available)*

To Whom It May Concern:

_____ *(patient's name)* is a patient of mine. S/he is currently receiving
treatment for _____ *(name of illness)*.

This patient's illness is serious and chronic in nature.

Sincerely,

*(Signature of Physician, Nurse Practitioner,
Physician's Assistant or Board of Health official)*

cc: Consumer Division
Dept. of Public Utilities
1 South Station
Boston, MA 02110