

MEDICAL CERTIFICATE



CUSTOMER/PATIENT INFORMATION

ACCOUNT NO. (For Aqua use only)		
CUSTOMER OF RECORD	CUSTOMER'S PHONE NUMBER(S)	
CUSTOMER'S SERVICE ADDRESS		
CITY	STATE	ZIP CODE

PHYSICIAN / NURSE PRACTITIONER / PHYSICIAN'S ASSISTANT INFORMATION

A licensed physician, nurse practitioner, or physician's assistant should complete this section, only after the patient whose name appears hereon has been personally examined and you have determined that the patient's medical condition will be aggravated by the cessation of service.

PATIENT'S NAME	PATIENT'S RELATIONSHIP TO CUSTOMER OF RECORD
PATIENT'S ADDRESS	
PHYSICIAN'S / NURSE PRACTITIONER'S / PHYSICIAN'S ASSISTANT NAME (Print)	
PHYSICIAN'S / NURSE PRACTITIONER'S / PHYSICIAN'S ASSISTANT	
OFFICE PHONE NO.	FAX NO.

It is my professional opinion that the patient's medical condition will be aggravated by the cessation of service within the next 30 days.

PHYSICIAN'S / NURSE PRACTITIONER'S / PHYSICIAN'S ASSISTANT SIGNATURE	DATE
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IMPORTANT NOTIFICATIONS:
 In addition to this form a medical certificate can also be a note or letter written by a medical professional, so long as it includes the required content and the certifying medical professional's signature.

A valid medical certificate is good for **thirty (30) days**. Once we determine we have received a valid medical certificate, Aqua will not shut off the water for non-payment for those 30 days. Payment of past due charges and/or payment arrangements (if eligible) are required in order to prevent collection activity at the end of the 30 day period. This form is void if modified or altered.

AQUA MUST RECEIVE THIS COMPLETED FORM WITHIN 3 BUSINESS DAYS. MAIL OR FAX TO:

FAX NUMBER: 866-780-8301	OFFICE ADDRESS: 762 W. Lancaster Avenue Attention: Collections Bryn Mawr PA 19010
PHONE: 1-877-987-2782	HOURS: 7:30 a.m. – 5:00 p.m.

TO BE COMPLETED BY COMPANY REPRESENTATIVE ONLY

1 st CERT	2 nd CERT	3 rd CERT
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