

INSTRUCTIONS

According to the [Michigan Public Service Commission Consumer Standards and Billing Practices for Electric and Gas Residential Service](#), a customer may provide a signed medical emergency hold request to postpone the discontinuance or restore of utility service. A medical emergency hold request states that a customer requires, or has a household member that requires, home medical equipment, a life support system or a medical emergency as defined and certified by a physician or public health official.

If a customer submits a medical emergency hold request signed by a physician or public health official, along with the additional required information listed below, DTE Energy will suspend shutoff action for 21 days. Services will be restored, where applicable. The customer may be charged a deposit or restoration fees to the account for service restoration due to disconnection for non-payment.

TO MAKE A REQUEST FOR A MEDICAL HOLD:

1. **Section 1** of the Medical Emergency Request form to be completed by DTE Energy customer of record.
2. **Section 2** of the Medical Emergency Request form to be completed by resident of household requiring Medical Emergency Hold or by legal parent or guardian if patient is under the age of 18.
3. **Section 3** of the Medical Emergency Request form to be completed by physician or public health official.
4. **Attach the valid identification** required for the customer and the patient as described on page 2 of this form.
5. **Return the completed form** and valid identification to DTE Energy:

Secure Website: dteenergy.com/documents

Secure Email: medicalhold@dteenergy.com

This form will not be processed if incomplete, illegible or improperly submitted. All information is required unless otherwise indicated. Completed forms will be processed within one business day. If you have any questions, please contact DTE Energy at **800.477.4747**.

Completed forms will be maintained by the DTE Energy Medical Hold Team, and medical information will NOT be kept in the customer's billing account.

ADDITIONAL INFORMATION - REVIEW CAREFULLY

Approval of the Medical Emergency Hold request does not guarantee an uninterrupted, regular, or continuous power supply. If utility service is a necessity, you must make other arrangements for on-site back-up capabilities or other alternatives in the event of loss of service.

The medical emergency hold request approval does not prevent shut-offs indefinitely. You must take steps to resolve unpaid bills to avoid service termination in the future. We encourage you to visit dteenergy.com/assistance to find available programs to assist with paying energy bills. You may also contact the United Way at 211 for free confidential service that links people with local community-based organizations across the state that can help with utility assistance and other needs.

Some of the equipment types that are considered medical equipment or a life support system:

Aerosol tent	Heart monitor	Pressure breathing treatment
Apnea monitors	Home dialysis treatment	Pressure pads and pumps
Compressor / Concentrator	IPPB machine	Respirator
Electronic nerve stimulator	Iron lung	Suction machine
Electrostatic nebulizer	Motorized wheelchairs	Ultrasonic nebulizer
Feeding or infusion (pump) machine	Oxygen concentrators	Ventilator

NOTE: CPAP & BPAP machines for adult sleep apnea do not normally qualify

Each Medical Hold request requires submission of valid identification for both the customer of record and the patient.

If the Patient is	Valid Identification Documentation Required
Customer	✓ Valid current identification for the customer, matching household address
Adult patient ⁽¹⁾	<ul style="list-style-type: none"> ✓ Valid current identification for the customer, matching household address ✓ Valid current identification for the patient, matching household address
Minor patient in the household	<ul style="list-style-type: none"> ✓ Valid current identification for the customer, matching household address ✓ Valid current identification for the parent/guardian of the minor, if different than the customer, matching household address ✓ Birth certificate for the minor, or current guardianship papers or state identification for the minor

(1) If the customer has multiple residential accounts and does not live at the same address as the patient, valid identification of the customer must be submitted matching one of the account addresses and valid identification of the patient must be submitted matching the second account address. The medical hold will only be placed at the address of the patient.

MEDICAL EMERGENCY HOLD REQUEST



Section 1: To be completed by the customer (Account Holder)

Customer Name - Last	First	Middle
Complete address of home where medical hold is being requested		
Work Phone	Home/Cell Phone	Home Email
DTE Energy Account Number		
<i>I certify that the information provided above is accurate and that the patient is the DTE Energy customer of record or a family member of the customer residing at this residence.</i>		
Customer Signature	Date	

Section 2: To be completed by the individual needing the Medical Hold (the "Patient") or, if under 18-years of age or otherwise unable to sign, by the Patient's Legal Guardian or Power of Attorney

Patient Name - Last	First	Middle
Relationship to Customer <input type="radio"/> Self <input type="radio"/> Other:		
Work Phone	Home/Cell Phone	Home Email
Physician Name and Practice Name. <i>Attach additional sheets if more than one attending physician.</i>		
Full Address		
Phone	Fax	
<i>By signing this request, I authorize my health care provider(s) referenced above, or any other health care provider(s) who has any information regarding my condition(s) related to this request, to release my medical information pertaining to my medical emergency certificate request to DTE Energy to assist with the review and processing of my request. I certify that the patient lives at the address listed above and that all information provided is accurate.</i>		
Patient / Legal Guardian / Power of Attorney Signature	Date	

MEDICAL EMERGENCY HOLD REQUEST



Section 3: To be completed by the physician or Public Health Official

Please identify the medical emergency by completing one of the following boxes:

- Critical Care Patient** - A patient that requires home medical equipment or a life support system* and that an interruption of service would be immediately life-threatening.

The following medical equipment or life support system(s) is/are used by the patient:

Device: _____ Electricity Natural Gas

Device: _____ Electricity Natural Gas

Device: _____ Electricity Natural Gas

**This device must run on electricity or natural gas supplied by DTE Energy. Some of the equipment types that are considered medical equipment or a life support system: Aerosol tent, Apnea monitors, Compressor / Concentrator, Electronic nerve stimulator, Electrostatic nebulizer, Feeding or infusion (pump) machine, Heart monitor, Home dialysis treatment, Intermittent positive pressure breathing (IPPB) machine, Iron lung, Motorized wheelchairs, Oxygen concentrators, Pressure breathing treatment, Pressure pads and pumps, Respirator, Suction machine, Ultrasonic nebulizer and Ventilator.*

Note: CPAP & BPAP machines for adult sleep apnea do not normally qualify

- Medical Emergency Patient** - A patient that has an existing condition that will be aggravated by the lack of utility service.

The patient has the following medical emergency condition(s) that will be aggravated by the loss of electricity and/or natural gas service:

Condition: _____ Electricity Natural Gas

Condition: _____ Electricity Natural Gas

Check One Physician Public Health Official

Name - Last	First	Middle
Professional License Number		
Licensing State		

By signing below you are certifying the above information is true.

Physician's/Public Health Official's Signature	Date
Job Title if Non-Physician	Telephone Number ()
Physician's/ Public Health Official's Full Address	Type of Medical Practice

Completed forms and valid identification must be submitted to DTE Energy using one of the following options:

Secure Website: dteenergy.com/documents

Secure Email: medicalhold@dteenergy.com