PASCOAG
UTILITY DISTRICT

Pascoag Electric • Pascoag Water

253 Pascoag Main Street
P.O. Box 107
Pascoag, RI 02859
Phone: 401-568-6222
TTY via RI Relay: 711
Fax: 401-568-0066
www.pud-ri.org

SERIOUS ILLNESS PROTECTION FORM - RI

Account Holder: _____

Account Number: _____

Service Address: _____

_____

Telephone Number: _____

Name of Individual Who is Serious Ill: _____

Relation to Account Holder: _____

It is important that the account information listed above is correct. ***Please Print.***

The Patient's Licensed Physician must complete this form in full.

Patient Name: _____

Please specify the nature of the illness and its likely duration:

_____

_____

Thank you for your cooperation.

Print Licensed Physician's Name: _____ License Number: _____

Licensed Physician's Address: _____

Licensed Physician's Telephone Number: ____-____-_____

Above information is necessary to conform to the Public Utilities Commission's regulations in establishing a Serious Illness protection.

"Seriously Ill" shall mean an illness that is life threatening or that will cause irreversible adverse consequences to human health or that has a significant potential to become life threatening or to cause irreversible adverse consequences to human health. We will also require the business address, telephone number and licensed physician's signature.

I certify the above-mentioned individual, at the address listed above, is seriously ill as defined above and all Information provided regarding the patient's health is current and accurate.

Licensed Physician Signature: _____ Date: _____

Please return this form **Via Fax:** 401-568-0066 **or Via Mail:** Pascoag Utility District, PO Box 107, Pascoag RI 02859