



Medical Certificate Form

CORE Account Holder Name

CORE Account #

Patient Name

Relationship to CORE Account Holder

Resides with CORE Account Holder? Yes
 No

CORE Account Holder Phone #

Comments (Optional):

The Medical Certificate attached must include:

- Submission on letterhead specifying the doctor's name or the name of the medical practice.
- A signature of a licensed physician or health practitioner acting under a physician.
- Date
- The following statement: **"The disconnection of electric service will aggravate an existing medical condition or create a medical emergency for the patient."**

Email this completed form to **AccountServicesContact@CORE.coop** or send via mail to CORE Electric Cooperative, c/o Account Services, 5496 N. U.S. Highway 85, Sedalia, CO 80135.