



Medical Certificate Form

CORE Member Name

CORE Account #

Patient Name

Is the patient the member or a permanent resident of the member's household?

☐ Yes

☐ No

CORE Account Holder Phone #

CORE Member Email Address

Comments (Optional)

DO NOT include information regarding specific medical conditions.

This Medical Certificate Form must be sent to the utility from the office of a licensed physician or healthcare practitioner, which must include:

- The name of the individual whose illness is at issue.
- The Colorado medical identification number for the issuing physician or healthcare practitioner.
- Signature of the issuing physician or healthcare practitioner.
- Date
- The following statement: **"The disconnection of electric service will aggravate an existing medical condition or create a medical emergency for the patient."** Information regarding specific medical conditions is **not** required.

Email this completed form and accompanying letter 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.