VERSANT POWER

OXYGEN/VENTILATOR PUMP CERTIFICATION FORM

The Oxygen Pump/Ventilator Benefit established by rules of the Maine Public Utilities Commission provides financial assistance to **eligible low-income customers** who must use an oxygen pump or ventilator **at least 8 hours each day**. To apply for the benefit, this form must be signed and dated by the patient's physician, or the physician's agent or designee. The completed form must be submitted to the patient's electric utility at the following address:

Utility: **Versant Power** Utility Contact: **LIAP Administrator**
Mailing Address: **PO Box 932, Bangor, ME 04402-0932** Phone **(207) 973-2000; 1-855-363-7211**

THIS CERTIFICATION MUST BE RENEWED ANNUALLY

Patient Information

Name of Patient: _____

Patient's Physical Address:_____

Patient's Telephone Number:_____

Patient resides in subsidized housing: ☐ No ☐ Yes

Customer Information

Name of customer on the utility account: _____

Utility Account Number: _____ Billing Cycle: _____

Customer's physical address (service location): _____

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TO BE COMPLETED BY PHYSICIAN ☐ **Oxygen** ☐ **Ventilator**

Date the Patient Began Using the Pump or Ventilator: _____

No. of Hours Per Day the Patient Uses the Pump or Ventilator: _____

Length of Time (in days or months) the Patient Will Need to Use the Pump or Ventilator: _____

Physician's Certification

I certify that it is necessary for the patient identified above to use an oxygen pump/ventilator for the number of hours indicated per day and for the length of time specified.

Signature: _____ Date: _____

Printed Name & Title (if signed by person other than the physician): _____

Name of Physician: _____

Mailing Address of Physician: _____

Telephone No. _____ Fax No.

SEND COMPLETED FORM(S) TO LIAP ADMINISTRATOR FAX: (207) 973-2950 EMAIL: LIAP@versantpower.com

(FRM OXY 1-06)