



**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: **Emera Maine**    Utility Contact: **LIAP Administrator**  
Mailing Address: **PO Box 932, Bangor, ME 04402-0932**    Phone **(207) 973-2000; 1-855-EMERA11 (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@emeramaine.com**