

Medical Certificate Fax Cover Sheet

To: IREA Account Services

Fax Number: 720-733-5874

This sheet must be faxed along with your Medical Certificate. Failure to do so may result in rejection of the certificate.

Required Information

IREA Account Holder Name: _____

IREA Account Number: _____

Patient Name: _____

Relationship to IREA Account Holder: _____

Resides with IREA Account Holder? ☐ Yes ☐ No

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
- Today's date
- The following statement: ***The disconnection of electric service will aggravate an existing medical condition or create a medical emergency for the patient.***