

CUSTOMER HOSPITALIZATION PROGRAM APPLICATION



I will be hospitalized for more than 3 days. I am requesting an extension on my utility bill.

Please send me an application for the following programs

- The Third Party Notification
- Life Support Protection
- Extra Security Plan

Customer Name _____

CHG&E Account Number _____

Patient Name _____

Patient Address _____

Mailing Address _____

Patient Telephone No. _____

Doctor's Name _____

Doctor or Hospital Official's Signature _____

Doctor's Telephone No. _____

Name of Hospital _____

Address of Hospital _____

Date of patient admission _____ Expected date of hospital discharge _____

Customer Signature _____ Date _____

Both you and your doctor or hospital official must sign this application form.

Once completed, please fax the application to 845 486-5676 OR mail to the attention of Consumer Outreach at the address below. For questions, our Contact Center is available Monday-Friday, 8 a.m. to 6 p.m., and Saturday, 9 a.m. to 1 p.m. at 845-452-2700, or if calling from outside the 845 area code, 800-527-2714.

