

# 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.**

