

BGE Special Needs Checklist

Customer Name: _____

Patient Name: _____

Relationship to Customer: _____

Account Number: _____

Telephone No.: _____

Date: _____

SPECIAL NEED	X	YOU MUST SUBMIT:
Life Support/ Serious Illness	X	The enclosed medical form to BGE, at the address listed on the form, after your physician has completed it.
Elderly/ Handicapped		<p>Elderly - Proof of age and address (copy of birth certificate, driver's license or state-issued identification). You must be 65 years old or older to qualify.</p> <p>Handicapped - Proof of address; and Proof of government disability benefits (copy of disability check or qualification letter); OR Certificate of disability from a physician, psychologist, or psychiatrist</p>

Please complete and return the Special Needs Checklist and supporting documentation in the enclosed postage-paid envelope, or fax it to 443-213-3302. Upon receipt of all required documents, your account will be coded to identify you as a Special Needs Customer.