

PUBLIC SERVICE COMPANY OF NEW MEXICO

18TH REVISED SAMPLE FORM NO. 29
CANCELING 17TH REVISED SAMPLE FORM NO. 29

ELECTRIC NOTIFICATION OF DISCONTINUATION OF RESIDENTIAL SERVICES
(MEDICAL AND FINANCIAL CERTIFICATION)

Electric Notification of Discontinuation of Residential Services (Medical and Financial Certification) x

Advice Notice No. 612

/s/ Mark Fenton_____

Mark Fenton
Executive Director, Regulatory Policy & Case Management
GCG#531664

EFFECTIVE

December 6, 2023
Replaced by NMPRC
By: Operation of Law

Your Rights and Responsibilities Regarding Discontinuance of Services



Dear PNM Residential Customer,

This notice is to inform you that your utility payment is past due. Your service will be disconnected after the date printed on the enclosed bill if payment is not made by then. Upon request, we can provide outstanding charge information to you including the dates of service during which the outstanding charges were incurred and the date and amount of the last payment. You can participate in a payment plan if you can demonstrate that you do not have the financial resources to pay the outstanding amount, or if you are low income or are subject to other special circumstances.

IF YOU HAVE DIFFICULTY PAYING THIS BILL, AND FEEL YOU MAY QUALIFY FOR ASSISTANCE IN PAYING YOUR UTILITY BILL FROM THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM, OR ANOTHER ASSISTANCE PROGRAM IN YOUR COMMUNITY, CONTACT THE COMMUNITY ASSISTANCE SECTION OF THE HUMAN SERVICES DEPARTMENT AT 1-800-283-4465, THE TRIBAL OR PUEBLO ENTITY THAT ADMINISTERS A TRIBE'S OR PUEBLO'S LIHEAP, OR THE CUSTOMER SERVICE REPRESENTATIVE AT THIS UTILITY. LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) APPLICATION FORMS FOR THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM ARE AVAILABLE AT THE BILLING OFFICES OF THIS UTILITY, AT THE HUMAN SERVICES DEPARTMENT AND AT THE TRIBAL OR PUEBLO ENTITY THAT ADMINISTERS A TRIBE'S OR PUEBLO'S LIHEAP. YOU SHOULD RETURN THE APPLICATION FORMS TO THE HUMAN SERVICES DEPARTMENT OR THE TRIBAL OR PUEBLO ENTITY THAT ADMINISTERS THE PROGRAM AND DETERMINES YOUR ELIGIBILITY TO RECEIVE ASSISTANCE.

If you believe that there is an error in your billing, contact us immediately for a review. After you pay the undisputed amount of your bill, we will postpone disconnection of your service until the dispute is resolved.

If you or someone in your household are seriously or chronically ill, we will not disconnect your service, if at least two days before the disconnection date, we receive an original of the attached *PNM Medical and Financial Certification* forms. The medical certification form must be completed by a licensed medical professional. An original of the attached financial certification form, stating that you qualify for financial assistance, must be completed by an agency providing assistance in or for the state of New Mexico.

If your service has been disconnected, we will restore service within twelve hours after you have satisfied the certification requirements above. Your obligation to pay your bill is not relieved if service is continued or reestablished because we receive these certifications.

Additional charges will apply.

Between November 15 through March 15, if you qualify for Low Income Home Energy Assistance Program (LIHEAP), you may be protected from having your services disconnected for non-payment. For more information, please call us at PNM, 1-888-342-5766.

The PNM Good Neighbor Fund helps customers pay their electricity bills. For more information, contact us or go to PNM.com/gnf. We can put you in touch with other organizations in your community that might be able to help you. If you have a relative, friend, or agency that will assist in paying your bills, and you want us to notify them when disconnect notices are sent, contact us.

PNM Budget Billing can help even out your payments throughout the year. You still pay for all of the energy you use. You can cancel your participation at any time. Upon cancellation, all amounts are due and become payable within 30 days. Any credits will be applied to your account.

See your bill for your local PNM payment office location. Or, contact us for third-party and other pay locations nearest you. To contact us, call us at 1-888-342-5766 weekdays from 7:30 am to 6 pm. Holiday hours vary or, go to PNM.com.

If you are not satisfied with the arrangements that we provide, you have the right to file a complaint with the NMPRC, 1120 Paseo de Peralta, Santa Fe, NM 87501. Telephone 505-827-6940 or 1-888-4 ASK PRC or 1-888-427-5772.

Special consideration will be given to a residential customer who meets the qualifications of LIHEAP, or has other special circumstances, in determining deposits and installment agreements. In making such determination, a utility shall accept documentation from the administering authority that such residential customer meets the qualifications of LIHEAP.

Sus Derechos y Obligaciones con respecto a la suspensión del servicio



Estimado Cliente Residencial de PNM,

Esta notificación es para informarle que el pago de su servicio eléctrico está retrasado. Su servicio será suspendido después de la fecha impresa que se localiza en la cuenta adjunta, si usted no logra hacer su pago con esa fecha límite. Si usted lo solicita le podemos proporcionar información sobre el cargo del adeudo, incluyendo las fechas en que se le prestó el servicio y se le hicieron cargos a su cuenta, y la fecha y cantidad del último pago que realizó. Usted puede participar en un plan de pagos programados si puede comprobar que no cuenta con los recursos económicos para pagar los cargos vencidos, o si es usted una persona de pocos recursos económicos o está sujeto a otras situaciones.

SI USTED TIENE PROBLEMAS PARA PAGAR ESTA CUENTA Y CREE QUE ES CANDIDATO PARA LA ASISTENCIA ECONÓMICA BAJO EL "PROGRAMA DE ASISTENCIA DE ENERGÍA RESIDENCIAL PARA PERSONAS CON BAJOS RECURSOS"(LIHEAP) U OTRO PROGRAMA DE ASISTENCIA DE SU COMUNIDAD, COMUNÍQUESE CON EL DEPARTAMENTO DE SERVICIOS HUMANOS AL 1800 432 6217, AL TRIBAL O ENTIDAD DEL PUEBLO QUE ADMINISTRA EL PROGRAMA LIHEAP DE LOS MISMOS, O COMUNÍQUESE CON UN REPRESENTANTE DEL ÁREA DE SERVICIO AL CLIENTE RESIDENCIAL DE ESTA EMPRESA PÚBLICA. LAS SOLICITUDES PARA EL PROGRAMA LIHEAP ESTÁN A SU DISPOSICIÓN EN LAS OFICINAS DE COBRANZAS DE ESTAS INSTALACIONES, EN EL DEPARTAMENTO DE SERVICIOS HUMANOS Y EN LAS OFICINAS DEL TRIBAL O ENTIDAD DEL PUEBLO QUE ADMINISTRA EL PROGRAMA LIHEAP PARA EL TRIBU O PUEBLO. LAS SOLICITUDES DEBEN SER DEVUELTAS AL DEPARTAMENTO DE SERVICIOS HUMANOS O A LAS OFICINAS DEL TRIBAL O ENTIDAD DEL PUEBLO QUE ADMINISTRA EL PROGRAMA LIHEAP. LA DECISIÓN DE SU ELEGIBILIDAD COMO CANDIDATO PARA RECIBIR ASISTENCIA ES DEL DEPARTAMENTO DE SERVICIOS HUMANOS O DEL TRIBAL O ENTIDAD DEL PUEBLO, QUE ADMINISTRA ESTE PROGRAMA.

Si usted está convencido de que existe un error en su cuenta, comuníquese con nosotros de inmediato para hacer una revisión. Después de que usted liquide la cantidad debida sin discusión alguna, pospondremos la suspensión de su servicio hasta que se resuelva la disputa. Si usted o alguien de su familia se encuentran seria o crónicamente enfermo, no suspendemos su servicio, si recibimos, por lo menos, dos días antes de la fecha de suspensión el original del *Certificado Médico de PNM y la Certificación Financiera*. La forma de Certificado Médico debe llenarse por un médico titulado. Se anexa el original de la forma de la certificación financiera que asienta que es usted candidato

para la asistencia económica; debe llenarla una Agencia que proporcione asistencia en o para el estado de Nuevo México.

Si su servicio ha sido desconectado lo volveremos a restaurar dentro de doce horas una vez que haya cumplido con los requisitos de certificación que se mencionan en esta forma. Su obligación para pagar su cuenta no se libra Si su servicio continua o restablecido porque nosotros recibimos estas certificaciones.

Cargos adicionales seran aplicados.

Usted puede quedar protegido contra la desconexión del servicio por falta de pago desde el 15 de noviembre hasta el 15 de marzo, si es candidato del programa de Asistencia de Energía Residencial para Personas de Bajos Ingresos (LIHEAP). Para más información comuníquese con nosotros a PNM, 1-888-342-5766.

El Programa Good Neighbor Fund de PNM AYUDAN a los clients pagando sus cuentas de electricidad. Para más información comuníquese con nosotros o visite PNM.com/gnf. Nosotros lo podemos poner a usted en contacto con otras organizaciones de la comunidad que tal vez le puedan ayudar. Si tiene usted algún pariente, amigo o agencia que le pueda ayudar a pagar sus cuentas, y desea que notifiquemos a ellos cuando notas de desconexión de servicio son enviadas, por favor comuníquese con nosotros.

El plan de Pagos Presupuestados de PNM (Budget Billing) puede ayudarlo a nivelar sus pagos a través del año. Seguirá pagando toda la energía eléctrica que utilice. Puede cancelar su participación en cualquier momento. Al cancelar, todas las cantidades es debido dentro de los siguientes 30 días. Cualquier abono se aplicará a su cuenta

Localice la oficina local de pagos de PNM en su cuenta. O comuníquese con nosotros para encontrar oficinas de terceros u otras ubicaciones cercanas que puedan recibir su pago. Para comunicarse con nosotros llame al 1-888-342-5766 durante los días hábiles de 7:30 am a 6 pm. El horario de los días festivos es variado; visite PNM.com.

Si no está usted satisfecho con los arreglos que le ofrecemos, tiene el derecho de hacer una reclamación en NMPRC, 1120 Paseo de Peralta, Santa Fe, NM 87501. Teléfono 505-827-6940 o al 1-888-4 ASK PRC o 1-888-427-5772.

Habrà consideración especial para los clientes residenciales que cumplan con los requisitos de LIHEAP, o que estén pasando por circunstancias especiales, al calcular depósitos y al programar los pagos. Para tomar dichas determinaciones, la entidad del Servicio recibirá la documentación de una autoridad administrativa, confirmando que dicho cliente residencial cumple con los requisitos de LIHEAP.

PLEASE NOTE: To be complete, ALL fields must be filled in, valid, and legible.

Mail completed form to PNM, Main Offices, Albuquerque, NM 87158-0525.

FINANCIAL CERTIFICATION (VALID FOR 90 DAYS ONLY)

BY SIGNING BELOW, I, THE ACCOUNT HOLDER, ACKNOWLEDGE THAT THIS CERTIFICATE DOES NOT RELIEVE ME OF MY RESPONSIBILITY TO PAY MY CURRENT AND PAST BILLS WITH (NAME OF UTILITY).

- For Administering Authority (Human Services Department (HSD) or Tribal Authority) certification: complete Sections I and II.
- OR -

- For self certification: complete Section III and attach a copy of the primary account holder's current Medicaid eligibility.

(Even when Extended Medical Certification is authorized, Financial Recertification is required every 90 days for the Account Holder.)

SECTION I : AUTHORIZATION TO RELEASE INFORMATION - PRIMARY UTILITY ACCOUNT HOLDER

I, _____, authorize Administering Authority to release to PNM information from my file as deemed
PRINTED NAME OF PRIMARY ACCOUNT HOLDER

necessary for the purpose of qualifying for the Medical Certification program. I **certify the information provided is true and correct.**
I understand that if I provide false information, I can be denied continued medical emergency electric utility service.

_____ PRIMARY ACCOUNT HOLDER'S SIGNATURE	_____ UTILITY ACCOUNT NUMBER	_____ PRIMARY ACCOUNT HOLDER'S SOCIAL SECURITY NUMBER
_____ PRIMARY ACCOUNT HOLDER'S TELEPHONE NUMBER	_____ SERVICE ADDRESS	_____ CITY STATE ZIP CODE

SECTION II - ADMINISTERING AUTHORITY (HSD OR TRIBAL) USE ONLY

I _____, an authorized representative of _____ hereby certify that
NAME OF AGENCY REPRESENTATIVE ADMINISTERING AUTHORITY

_____, the primary account holder named in Section I **currently meets the income**
PRIMARY ACCOUNT HOLDER AND SOCIAL SECURITY NUMBER

guidelines as defined by the Administering Authority (such as Low Income Home Energy Assistance Program (LIHEAP) assistance).

_____ AGENCY REPRESENTATIVE SIGNATURE	_____ CONTACT NUMBER AND FAX NUMBER	_____ DATE
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- OR -

SECTION III —SELF CERTIFICATION - PRIMARY ACCOUNT HOLDER - ATTACH COPY OF CURRENT NEW MEXICO MEDICAID ELIGIBILITY FOR PRIMARY ACCOUNT HOLDER

I, _____ hereby certify that I am the person responsible for the charges for gas or electric
PRINTED NAME OF PRIMARY ACCOUNT HOLDER

utility service at _____ and that a seriously or chronically ill person (as defined by Rule 17.5.410.7 NMAC)
SERVICE ADDRESS

_____ resides there.
PATIENT'S NAME

I certify the information provided is true and correct. I understand that if I provide false information, I could be denied continued medical emergency electric utility service.

_____ PRIMARY ACCOUNT HOLDER'S SIGNATURE	_____ DATE	_____ PRIMARY ACCOUNT HOLDER'S SOCIAL SECURITY NUMBER
_____ PRIMARY ACCOUNT HOLDER'S TELEPHONE NUMBER	_____ SERVICE ADDRESS	_____ CITY STATE ZIP CODE

It is in the account holder's best interest to make regular payments toward current and past due balances; the account holder is encouraged to contact PNM to make payment arrangements.

SEE OTHER SIDE FOR MEDICAL CERTIFICATION



PLEASE NOTE: To be complete, ALL fields must be filled in, valid, and legible.

Mail completed form to PNM, Main Offices, Albuquerque, NM 87158-0525.

MEDICAL CERTIFICATION

NOTE: In order to continue to receive electric service from PNM, a **complete** Medical and a **complete** Financial Certification Form must be submitted. This certification is valid for ninety (90) days from the signature date of medical professional.

PATIENT OR LEGAL GUARDIAN

I certify the information provided is true and correct. I understand that if I provide false information, I could be denied continued medical emergency electric utility service from PNM.

I, _____, hereby authorize the medical professional signing this certification to disclose to PNM the information contained in this Medical Certification Form.

PATIENT OR LEGAL GUARDIAN SIGNATURE DATE

PRIMARY UTILITY ACCOUNT HOLDER

I certify the information provided is true and correct. I understand that if I provide false information, I could be denied continued medical emergency electric utility service from PNM.

I, _____, hereby certify that I am the person responsible for the charges for electric utility service at _____ and that a seriously or chronically ill person (as defined by Rule 17.5.410.7 NMAC) resides there.

SERVICE ADDRESS

I further certify that I will immediately notify PNM or arrange to have such notification provided, if there is a change in the status of the seriously or chronically ill person residing at the Service Address, including relocation or a change in the physical condition of such person which renders continued medical emergency electric utility service unnecessary.

PRIMARY ACCOUNT HOLDER SIGNATURE DATE

DOCTOR'S USE ONLY --

I, _____, certify that: I am (1) a licensed physician or physician's assistant licensed or accepted by the New Mexico Medical Board and practicing under the New Mexico Medical Practice Act, (2) an osteopathic physician or osteopathic physician's assistant practicing under the New Mexico Osteopathic Physician's Practice Act or (3) a certified nurse practitioner licensed by the New Mexico Board of Nursing and practicing under the New Mexico Nursing Practice Act;

I hold license number/NPI Number _____; and that on _____

I examined _____ who I am informed resides at _____

SERVICE ADDRESS

I certify that the said person has the following condition in which loss of ___ gas or ___ electric (please indicate type of service by checking) utility service would give rise to substantial risk of death or gravely impair health:

DESCRIBE CONDITION AND REASONS FOR CONTINUED ELECTRIC UTILITY SERVICE (IF APPLICABLE, LIST MEDICALLY NECESSARY EQUIPMENT) and that this condition qualifies as a serious or chronic illness pursuant to Rule 17.410.7 NMAC.

DEFINITION OF SERIOUS OR CHRONICALLY ILL PER RULE 17.5.410.7 NMAC: AN ILLNESS OR INJURY THAT RESULTS IN A MEDICAL PROFESSIONAL'S DETERMINATION THAT THE LOSS OF ELECTRIC UTILITY SERVICE WOULD GIVE RISE TO A SUBSTANTIAL RISK OF DEATH OR GRAVELY IMPAIR HEALTH.

SIGNATURE OF MEDICAL PROFESSIONAL DATE

OFFICE ADDRESS OF MEDICAL PROFESSIONAL TELEPHONE NUMBER, AND FAX NUMBER OF MEDICAL PROFESSIONAL

ONLY for patients meeting the requirements for extended medical certification, also complete the additional certification below if it applies to this patient:

DOCTOR'S USE ONLY - EXTENDED MEDICAL CERTIFICATION (VALID FOR 1 YEAR)

I, _____, certify that the above mentioned patient's medical condition _____ is permanent and will not improve within 12 months from _____ (today's date.)

DESCRIPTION OF APPROVED CONDITION

SEE OTHER SIDE FOR FINANCIAL CERTIFICATION