

Lane-Scott Electric Cooperative, Inc.
PO Box 758, Dighton, KS 67839 ~ Ph# 800-407-2217 or 620-397-5327

Medical Necessity Form

**Patient
Information:**

_____ (Patient Name)

_____ (Home Address) _____ (Phone)

_____ (City) _____ (State) _____ (Zip)

**Physician's
Information:**

_____ (Physician's Name) _____ (Physician's UPIN)

_____ (Clinic Name) _____ (Phone)

_____ (Clinic Address)

**Medical
Necessity:**

*****(Please attach any additional papers or forms that you feel necessary for our information.)*****

Equipment:

Circle: Portable Machine Battery Backup Generator

_____ (Type of Machine)

I agree to contact Lane-Scott Electric with changes to my information or medical necessity equipment needs.

_____ (Signature)

_____ (Date)