



# CERTIFICATION OF PRIMARY CARE PROVIDER

## COUNTY SERVICE AREA FORM 998-A

### ACCOUNT HOLDER INFORMATION

The section below to be filled out by the County Service Area Account Holder

<b>ACCOUNT NUMBER</b>	<b>SERVICE ADDRESS</b>
<b>ACCOUNT HOLDER NAME</b>	<b>PERSON RECEIVING PRIMARY CARE</b>
<b>Date of bill requesting payment arrangement</b>	<b>Amount of bill requesting Payment Arrangement</b>

### ACCOUNT HOLDER CERTIFICATION

I, the account holder, certify under penalty of perjury that the above-named person receiving primary care resides at the service address.

\_\_\_\_\_  
Account Holder Signature

### PRIMARY CARE PROVIDER CERTIFICATION

The section below to be filled out by Primary Care Provider

<b>PATIENT NAME</b>	<b>NAME OF PRIMARY CARE PROVIDER</b>
<b>CLINIC NAME</b>	<b>CLINIC ADDRESS</b>
<b>CLINIC PHONE NUMBER</b>	<b>NATIONAL PROVIDER IDENTIFIER</b>

### PRIMARY CARE PROVIDER CERTIFICATION

I, the primary care provider, certify under penalty of perjury that I provide care to the above-named person and that discontinuation of water service to this person would pose a serious threat to his or her health and safety.

\_\_\_\_\_  
Primary Care Provider Signature

### FOR OFFICE USE ONLY

<b>DATE AND TIME RECEIVED</b>	<b>RECEIVED BY</b>	<b>COMPLETE?</b>