

**YOUR RIGHTS AND RESPONSIBILITIES  
REGARDING DISCONTINUANCE OF SERVICES**

Dear New Mexico Gas Company Residential Customer:

This notice is to inform you that your New Mexico Gas Company 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 charges information to you including the dates of service during which the outstanding charges were incurred and the date and amount of the last payment.

**PAYMENT PLAN**

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. Special consideration is given to a residential customer who meets the qualifications of the Low Income Home Energy Assistance Program (LIHEAP), or has other special circumstances, in determining deposits and installment agreements. In making such a determination, a utility shall accept documentation from the administering authority that such residential customer meets the qualifications of LIHEAP. We can also put you in touch with other organizations in your community that might be able to help you.

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM**

IF YOU HAVE DIFFICULTY PAYING THIS BILL, AND FEEL YOU MAY QUALIFY FOR ASSISTANCE IN PAYING YOUR UTILITY BILL FROM LIHEAP, OR ANOTHER ASSISTANCE PROGRAM IN YOUR COMMUNITY, CONTACT THE COMMUNITY ASSISTANCE SECTION OF THE HUMAN SERVICES DEPARTMENT AT 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.

APPLICATION FORMS FOR LIHEAP 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.

**HEAT NEW MEXICO FUND**

Administered by the Salvation Army helps qualified individuals and households pay their energy bills. Contact us for more information.

**THIRD PARTY NOTIFICATION**

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.

**BILLING ERROR**

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.

**MEDICAL CONDITIONS**

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 New Mexico Gas Company 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, as the primary account holder, qualify for financial assistance, must be completed by the administering authority (HSD or tribal authority).

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.

**HEATING SEASON MORATORIUM**

Beginning November 15, through March 15, if you qualify for LIHEAP, you may be protected from having your services disconnected for non-payment. For more information, please call us at 888-NM-GAS-CO (888-664-2726).

TO RESTORE SERVICE THAT HAS BEEN DISCONNECTED, A RECONNECT FEE OF \$70 PER HOUR MAY BE CHARGED.

(Additional charges may apply for reconnection during non business hours.)

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 888-4-ASK-PRC or 888-427-5772.

**Paying Your Bill**

**New Mexico Gas Company Budget Billing**

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.

**Where to pay in person**

See your bill for your local New Mexico Gas Company payment office location. Or, contact us for third party and other pay locations nearest you.

**How to Contact Us**

To contact us, call us at 888-NM-GAS-CO (888-664-2726) between 7:30 a.m. & 6:00 p.m. weekdays. Holidays vary, or go to nmgco.com.

**Mail to:**

New Mexico Gas Company  
PO Box 97500, BC 28  
Albuquerque, NM 87199-7500



**New Mexico**  
GAS COMPANY

**PLEASE NOTE: TO BE COMPLETE, ALL FIELDS MUST BE FILLED IN, VALID, AND LEGIBLE.**

**MEDICAL CERTIFICATION (VALID FOR 90 DAYS ONLY)**

**NOTE:** In order to continue to receive gas service from New Mexico Gas Company, 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 except as noted in Section IV below.

**SECTION I : 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 or gas utility service.**

I, \_\_\_\_\_, hereby authorize the medical professional signing this  
**PRINT NAME OF PATIENT**  
certification to disclose to New Mexico Gas Company the information contained in this Medical Certification Form.

\_\_\_\_\_  
**PATIENT OR LEGAL GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

**SECTION II : 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 or gas utility service.**

I, \_\_\_\_\_, hereby certify that I am the person responsible for the charges for  
**PRINT NAME OF PRIMARY ACCOUNT HOLDER**  
gas utility service at \_\_\_\_\_ and that a seriously or chronically ill  
**PRINT SERVICE ADDRESS**  
person (as defined by Rule 17.5.410.7 NMAC) resides there.

I further certify that I will immediately notify New Mexico Gas Company 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 gas utility service unnecessary.

\_\_\_\_\_  
**PRIMARY ACCOUNT HOLDER SIGNATURE**

\_\_\_\_\_  
**DATE**

**SECTION III : DOCTOR'S USE ONLY**

I, \_\_\_\_\_, certify that: I am (1) a licensed physician or physician's assistant  
**PRINT NAME OF MEDICAL PROFESSIONAL**  
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  
**DATE**  
examined \_\_\_\_\_ who I am informed resides at \_\_\_\_\_  
**PRINT NAME OF PATIENT** **PRINT SERVICE ADDRESS**

I certify that the said person has the following condition in which loss of \_\_\_\_ electric or \_\_\_\_ gas (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 OR GAS 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 OR GAS 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 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:**

**SECTION IV : DOCTOR'S USE ONLY - EXTENDED MEDICAL CERTIFICATION (VALID FOR 1 YEAR)**

I, \_\_\_\_\_ certify that the above mentioned patient's medical  
**PRINT NAME OF MEDICAL PROFESSIONAL**  
condition \_\_\_\_\_ is permanent and will not improve within 12 months  
**DESCRIPTION OF APPROVED CONDITION**  
from \_\_\_\_\_ (today's date.)

## AVISO DE SUS DERECHOS Y RESPONSABILIDADES DE LA TERMINACIÓN DEL SERVICIO

Estimado Cliente Residencial de New Mexico Gas Company:

Este aviso le informa que su pago de gas se ha vencido. Su servicio se desconectará después de la fecha indicada en la factura adjunta, al menos que recibamos su pago antes de la fecha indicada. Si usted nos pide, le damos una copia de su cuenta con los cargos pendientes, las fechas del servicio, la fecha y la cantidad del último pago.

### ARREGLOS PARA HACER PAGOS

Consideraciones especiales se darán al cliente residencial que cumple con las calificaciones de el programa de asistencia de energía para hogares de bajos ingresos (LIHEAP), o que tenga otras circunstancias especiales, cuando se determina la cantidad del depósito y los acuerdos de pagar en instalaciones. Cuando se hace la determinación, la utilidad deberá aceptar la documentación de las autoridades que muestran que el cliente cumple con las calificaciones de LIHEAP. También podemos ponerle en contacto con otras organizaciones en su comunidad que podrían ayudarle.

### EL PROGRAMA DE ASISTENCIA DE ENERGIA PARA HOGARES DE BAJOS INGRESOS

SI TIENE DIFICULTADES PARA PAGAR ESTA FACTURA, Y SIENDE QUE PUEDE CALIFICAR POR ASISTENCIA EN EL PAGO DE SU FACTURA DE UTILIDAD DESDE LIHEAP O DE OTRO PROGRAMA DE SU COMUNIDAD, COMUNIQUESE CON LA ASISTENCIA DE LA COMUNIDAD DEL DEPARTAMENTO DE SERVICIOS HUMANOS AL 800-283-4465. TAMBIÉN SE PUEDE COMUNICAR CON LA ENTIDAD TRIBAL O AL PUEBLO QUE ADMINISTRA EL LIHEAP TRIBAL, O CON EL REPRESENTANTE DEL SERVICIO AL CLIENTE DE ESTA UTILIDAD.

LAS APLICACIONES DE LIHEAP ESTÁN DISPONIBLES EN LAS OFICINAS DE FACTURACIÓN DE ESTA UTILIDAD, EN EL DEPARTAMENTO DE SERVICIOS HUMANOS, EN LA ENTIDAD TRIBAL O AL PUEBLO QUE ADMINISTRA EL LIHEAP TRIBAL. USTED DEBERÍA DEVOLVER LA APLICACIÓN AL DEPARTAMENTO DE SERVICIOS HUMANOS, O A LA ENTIDAD TRIBAL O AL PUEBLO QUE ADMINISTRA EL LIHEAP TRIBAL, PARA DETERMINAR SU ELEGIBILIDAD PARA RECIBIR ASISTENCIA. NO LO DEVUELVA A ESTA UTILIDAD.

### HEAT NEW MEXICO FUND

Administrado por el Salvation Army a los individuales y hogares que califican para ayudar a pagar sus facturas de energía. Contáctenos para más información.

## NOTIFICACIÓN A TERCEROS

Si hay una tercera persona (un pariente, un amigo o agencia) que le ayuda pagar sus facturas, y si usted desea que New Mexico Gas Company le notifique cuando le envíe un aviso de desconexión, por favor contáctenos.

### ERRORES DE FACTURACIÓN

Si usted considera que ha ocurrido un error, comuníquese inmediatamente con nosotros para que le hagamos una revisión de su cuenta. Si usted paga la cantidad de la cuenta que NO está en disputa, se pospondrá la desconexión del servicio, hasta que se resuelva la disputa.

### CONDICIONES MÉDICAS

Si usted o alguien en su hogar tiene una enfermedad grave o crónica New Mexico Gas Company no le desconectará su servicio, si por lo menos 2 días antes de la fecha de desconexión, nos entrega la copia original del certificado médico y financiero adjunto. La copia del certificado médico se tiene que llenar por un médico profesional. New Mexico Gas Company tiene que recibir la copia original del certificado financiero adjunta que declara que usted, el titular principal de la cuenta, califica para asistencia financiera, debe ser completado por la Administración de Autoridad (Departamento de Servicios Humanos (HSD) o Autoridad de las tribus).

Si su servicio ha sido desconectado, New Mexico Gas Company le restaurará su servicio dentro de las 12 horas después de que se haya cumplido con los requisitos de los certificados. Los certificados médicos y financieros son válidos por 90 días. Su obligación de pagar su factura se mantiene aunque el servicio de gas se continúe o se vuelva a restablecer debido al recibir los certificados médicos y financieros.

### LA MORATORIA PARA TEMPORADA DE CALEFFACIÓN

Comenzando el 15 de noviembre hasta el 15 de marzo, si usted califica por LIHEAP, usted podría ser protegido de tener sus servicios desconectados por falta de pago. Para más información, por favor contáctenos al **888-664-2726**. PARA RESTAURAR EL SERVICIO DESCONECTADO, SE PUEDE COBRAR UN CARGO DE \$70 POR HORA. (Cargos adicionales pueden ser aplicables para reconexión después de las horas de oficina regulares.)

Si usted no quedó satisfecho con los arreglos que New Mexico Gas Company ha proporcionado, usted tiene el derecho, según las reglas de la NMPRC, de entregar una reclamación con la Comisión de Regulación Pública de Nuevo México ["New Mexico Public Regulation Commission", NMPRC, las siglas en inglés], 1120 Paseo del Peralta, Santa Fe, NM 87501, P.O. Box 1269, Santa Fe, NM 87504, teléfono (505) 827-6940 o al 888-427-5772.

## Pagar Su Factura

**Programa Budget Billing (nivelación de pagos)** El programa de pagos de presupuesto le ayuda a establecer gastos regulares por el año. Usted todavía paga por todo el gas que usa. Se puede cancelar su participación cuando quiera. Cuando se cancela el programa, todas las cantidades debidas se cobran y se tienen que pagar adentro de los 30 días. Los créditos se aplican a su cuenta.

### Donde ir a pagar en persona

Revise su factura para encontrar la oficina de facturación local de New Mexico Gas Company. O contáctenos para información sobre otros lugares terceros mas cercanas a usted donde puede hacer su pago.

## Como Contactarnos

Comuníquese con nosotros al 888-NM-GAS-CO (888-664-2726) desde las 7:30 a.m. hasta las 6:00 p.m. lunes a viernes. Se varían las horas durante los días festivos. También puede visitarnos en [nmgco.com](http://nmgco.com).

### Por correo:

New Mexico Gas Company  
PO Box 97500, BC 28  
Albuquerque, NM 87199-7500



New Mexico  
GAS COMPANY

**PLEASE NOTE: TO BE COMPLETE, ALL FIELDS MUST BE FILLED IN, VALID, AND LEGIBLE.**

## FINANCIAL CERTIFICATION (VALID FOR 90 DAYS ONLY)

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

**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 NEW MEXICO GAS COMPANY.**

- **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.**

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

I, \_\_\_\_\_, authorize Administering Authority to release to New Mexico Gas  
**PRINT NAME OF PRIMARY ACCOUNT HOLDER**

Company information from my file as deemed 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 or gas 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  
**PRINT NAME OF AGENCY REPRESENTATIVE** **ADMINISTERING AUTHORITY**

certify that \_\_\_\_\_, the primary account holder named in  
**PRINT NAME AND SOCIAL SECURITY NUMBER OF PRIMARY ACCOUNT HOLDER**

Section I **currently meets the income 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

- OR -

### SECTION III —SELF CERTIFICATION - 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  
**PRINT NAME OF PRIMARY ACCOUNT HOLDER**

electric or gas utility service at \_\_\_\_\_, \_\_\_\_\_ and that a  
**PRINT SERVICE ADDRESS** **PRINT UTILITY ACCOUNT NUMBER**

seriously or chronically ill person (as defined by Rule 17.5.410.7 NMAC) \_\_\_\_\_ resides there.  
**PRINT 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 or gas utility service.**

\_\_\_\_\_  
PRIMARY ACCOUNT HOLDER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRIMARY ACCOUNT HOLDER'S SOCIAL SECURITY NO.

\_\_\_\_\_  
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 New Mexico Gas Company at 888-664-2726 to make payment arrangements.