



Medical Emergency Priority Status Account Enrollment Form

Customer Information

Today's Date:

First Name:

Last Name:

Account Number:

Account Address:

Contact Number:

Contact Email:

Physician Information

Physician or Physician Assistant Name:

Physician State Registration/License Number:

Optional

Provide details for any services beyond basic telephone service that may be necessary to reach customer's physician and that absence of such services would be a serious risk of inaccessibility of emergency medical assistance:

By completing this form I am requesting that Frontier®, add a Medical Emergency notation to my account. This notation will be valid for one year and indicates the customer and account listed above has a serious medical condition. The requestor certifies that a medical emergency exists and that phone service is essential.

Fax completed form to **1-888-609-9919** or mail to:
Frontier Communications P.O. Box 5166, Tampa, FL 33675