

Ultra Low Emission Zone (ULEZ) Charge patient claim form

Section A - Patient details (to be completed by patient)

Patient name:	Date of birth:
NHS number:	
Home address:	
Postcode:	
Telephone number:	Email address:
Clinic / ward attended:	Date(s):
Have you been diagnosed with an illness that compromises your immune system?	
Yes / No	
Do you require regular therapy, assessments or surgical intervention?	
Yes / No	

Section B - ULEZ claim details (to be completed by patient)

Vehicle registration:
TfL Auto Pay account number:

If you are unable to pay via TfL Auto Pay, please telephone our Patient Advice and Liaison Service (PALS) - 020 8934 3993

Section C - Clinical eligibility (to be completed by clinician)

Tick	Eligibility for reimbursement	Clinical certification (clinician to sign below)
	This patient is unable to use patient transport and has a compromised immune system, requires regular therapy or assessments, or needs regular surgical intervention	
Clinician's name:		Ext. / bleep:
Job title:		Date:

For printed copies of this form, please email the Communications team: khft.comms@nhs.net
Completed forms should be emailed to khft.financialservices@nhs.net