

## Ultra Low Emission Zone (ULEZ) Charge patient claim form

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

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

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

<b>Vehicle registration:</b>
<b>TfL Auto Pay account number:</b>

*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	
<b>Clinician's name:</b>		<b>Ext. / bleep:</b>
<b>Job title:</b>		<b>Date:</b>

For printed copies of this form, please email the Communications team: [khft.comms@nhs.net](mailto:khft.comms@nhs.net)  
Completed forms should be emailed to [andrew.mccann2@nhs.net](mailto:andrew.mccann2@nhs.net)