**Reimbursement Form for TfL Congestion Charge and / or Ultra Low Emission Zone (ULEZ) Charges**

**Page 1** To be completed by the clinic, printed, stamped and passed to the patient.

**Page 2** Further guidance for patients.

|  |  |
| --- | --- |
| **Patient name**  |  |
| **Patient hospital number** |  |
| **Patient address** |  |
| **Reason for payment**The patient has been clinically assessed as too ill, weak or disabled to travel to an appointment on public transport. In addition, please **circle** at least one of the 4 conditions below where applicable: |
| * **Has a compromised immune system, or**
* **Requires regular therapy or assessments or**
* **Needs regular surgical intervention or**
* **Is clinically assessed as being at moderate or high risk of Covid**
 |
| **Clinic date(s)** |  |
| **Clinic/Ward/Department** |  |
| **Hospital: Mile End; Newham; St Bartholomew’s; The Royal London; Whipps Cross** |  |
| **Staff member name** |  |
| **Staff member position** |  |
| **Staff member email address** |  |
| **Date** |  |
| **Clinic Stamp (if available)** |  |

**Patient guidance**

1. Patients have three months in which to claim their ULEZ / Congestion charge from the date of payment.

2. Patients must provide e-mail receipts or printed receipts (not text messages) for reimbursement.

3. Statements must be provided for AUTO PAY for TFL to reimburse the Auto Pay Account.

4. ULEZ / Congestion charge can be paid in advance or on the day of travel.

5. Next day payments cannot be refunded as this is not part of the scheme set up with TFL.

6. Patients should post this form with receipts and bank details to:

**Cashier’s Office**

**2nd Floor Central Tower**

**The Royal London Hospital**

**Whitechapel**

**London**

**E11FR**

7. Alternatively these documents can be e-mailed with this form to:

Bartshealth.cashiers@nhs.net

The cashier’s office can also be contacted: on 0203 3594 1040/2010

8. All refunds will be reimbursed into a nominated bank account