

## Claim for fees

### Disabled Person's Freedom Pass

#### Claim for fees for medical examination carried out under the collaborative arrangements.

For use by general practitioners/approved medical specialists/consultants\*

\*Delete as appropriate

Name of Patient:  Age:

Address:

Date of Examination:  Place:  Telephone:

Nature of Examinations

Appropriate Fee

Name of Doctor (Block Capital Please):

Address of Doctor (for payment purposes):

Doctor's Signature:  Date:

On completion forward form to: Concessionary Travel, Haringey Council, P.O. Box 38996,  
London N22 9AF

*This section is to be completed by the worker requesting examination and appropriate authorised signatory.  
Certification that the above mentioned medical examination, report was duly carried out at my request and that the  
information given is correct.*

Admin Worker:  Authentication of Signature: