



Buckinghamshire County Council

Social Care

County Hall, Aylesbury, Bucks HP20 1YU

Telephone: 01296 382902

Fax: 01296 383182

www.buckscc.gov.uk/disabled_persons_car_badges

Claim for payment of medical services at the request of Social Care

Name and address of Doctor:

Name and address of Client:

Date of examination and/or report:

Name of Social Care Officer making request:

Blue Badge Administration

Please tick appropriate box to indicate services provided:

- | | | |
|----|---|-------------------------------------|
| 1. | Sessional fees – attendance at a case conference | |
| | 1a (i) Short session – under one hour | <input type="checkbox"/> |
| | 1a (ii) Full session – over one hour | <input type="checkbox"/> |
| 2. | Blind or partially sighted person, completion of form BD8 | |
| | 2a Examination | <input type="checkbox"/> |
| | 2b Re-examination | <input type="checkbox"/> |
| 3. | Psychiatric examination | |
| | 3a By a practitioner appointed under section 12 (2) | <input type="checkbox"/> |
| | 3b By another doctor | <input type="checkbox"/> |
| 4. | Examination/report on a child committed to care of the LA or to be fostered | |
| | 4a (i) Examination (except where BAAF forms are used) | <input type="checkbox"/> |
| | 4a (ii) Re-examination of FF1 certificate | <input type="checkbox"/> |
| | 4b Examination recommended by BAAF – state form _____ | <input type="checkbox"/> |
| 5. | Other examination/report | |
| | 5a (i) Medical examination and report by consultant | <input type="checkbox"/> |
| | 5a (ii) Report by person's own doctor (including Disabled Car Badges) | <input checked="" type="checkbox"/> |

If mileage was incurred due to the above request, please complete the following:

Journey from: _____

To: _____

Number of miles travelled: _____

cc of vehicle: _____

I certify that I have examined/reported on the above named person at the request of Buckinghamshire Social Care and that this does not form any part of my contracted NHS duties.

Signature of claiming doctor: _____

Date: _____

Signature of Social Care Officer: _____

Date: _____

Form to be returned to:

Buckinghamshire County Council

Social Care

Blue Badge Administration

County Hall Aylesbury HP20 1YU

Claim authorisation certified correct for payment: _____

Date: _____

For Social Care