Dear Colleague,

Thank you for expressing an interest in participating in the following scheme/s at your practice/s.

All new providers to PENE;

We would like to offer you a sub-contract, please complete the attached Practice registration form. Completing this will give Webstar the information required to set you up on the scheme/s and then send out a sub-contract for signing.

Please name the practice and identify with a tick the schemes this practice wishes to take part in.

(You will need to complete a form for each practice if you have more than one)

If you already have a contract with PENE;

We will assume you wish to continue, you will still need to sign up to this new revised contract and indicate which services you wish to provide. Please also confirm all the details are correct on the attached ‘Practice registration form’.

Sub-contractor Name

Name and address of practice

I wish to sign up to

1, Community Optometry for IOP Repeat Readings YES NO

2, Children’s Service – Cycloplegic Refraction YES NO

(Please note not all CCG’s are participating in all the schemes. Patients can be seen outside their CCG boundaries, fees can only be claimed where the patient is registered with a participating CCG)

Do you currently have a sub-contract with PENE? YES NO

Yours sincerely

Sarah Townsend PENE Director North of Tyne.

**Please complete and return with your practice registration forms to** [**support@optomanager.co.uk**](mailto:support@optomanager.co.uk)