**Registration form for practices wishing to provide Services**

You have received this document because your practice has expressed an interest in providing one or more of the services listed in Section 2 (“the Services”) as a sub-contractor to the Primary Eyecare Company (“the PEC”) named in Section 1.

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| **Section 1** |
| Name of Primary Eyecare Company | **Primary Eyecare North East** |

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| **Section 2** |
| Commissioner | Service |
| NHS Newcastle Gateshead CCGNHS North Tyneside CCG, NHS Northumberland CCG.NHS Sunderland CCG, NHS South Tyneside CCG | **Community Optometry for IOP Repeat Readings (IOPRR)** |
| Commissioner | Service |
| NHS Newcastle Gateshead CCGNHS North Tyneside CCG, NHS Northumberland CCG.NHS Sunderland CCG, NHS South Tyneside CCG | **Community Children Cycloplegic Refraction Service (CRS)** |

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| **Section 3** |
| PEC contact | Sarah Townsend**Sarah.townsend5@nhs.net** |

Before your practice can provide the Services a contract must be in place between your practice and the PEC. In order to do this your details will be shared with the PEC and LOC

The forms which follow collect the information which the PEC requires to: prepare the contractual documentation; set up your practice to provide the Services; and ensure payment is made to your practice for the Services provided.

The PEC has commissioned Webstar Health to collect this information on its behalf.

There are three forms which you must complete and return:

* **Form A**: To confirm accurate practice details and to set up an account on OptoManager which is a web-based platform which will be used to manage the service
* **Form B**: Details for the contract between the PEC and your practice.
* **Form C**: Details of the bank account into which payment is to be made

The information you provide will be used solely for the purposes of administering the Services and the sub-contract.

How to return this form:

Please complete this form and return by email to: registrations@optomanager.co.uk

**Form A: Practice details**

*These details will be used by the PEC to administer the Service and by Webstar Health to set up an account for the practice on the OptoManager system.*

**One form is required for each practice (location) providing the service.**

A.1 Person completing these forms:

|  |  |
| --- | --- |
| **First name** |  |
| **Surname** |  |
| **Contact Telephone number** |  |
| **Email address** |  |

A2. Practice details:

|  |  |
| --- | --- |
| **Name of practice****(This is the trading name of the practice)** |  |
| **Address of practice** |  |
| **Postcode of practice** |  |
| **Telephone number of practice****(including STD)** |  |
| **Please Indicate which Service/s the Practice will sign up to** | [IOPRR] **🞏**[CRS] **🞏** |

A3. Please provide details of the person who will be taking day to day responsibility for this service at this practice and who can be contacted by the PEC in the event of a service issue:

|  |  |
| --- | --- |
| **First name** |  |
| **Surname** |  |
| **Position** |  |
| **Telephone number** |  |
| **Email address** |  |

**Form B: Contract information**

*For the purposes of this service the practice is a sub-contractor to the PEC. A contract must be in place between the PEC and the sub-contractor (the practice). This contract must be signed by a person authorised to do so for the sub-contractor (the practice).*

*IMPORTANT: For the purposes of this contract the sub-contractor must be the legal entity which holds a GOS Mandatory Services contract with the NHS.*

*The information provided below will be used to populate the contract prepared for your practice.*

**One form is required for each practice (location) providing the service.**

1. Type of legal entity: Please complete **one** of the following rows for the practice

|  |  |
| --- | --- |
| Individual: |  |
| Write name above |
| Partnership: |  |
| Write name of partnership above |
| Limited Company: |  |
| Write name of Limited Company above |

Limited companies: For limited companies please complete the following information:

|  |  |
| --- | --- |
| **Registered Address****(including postcode)** |  |
| **Company Registration Number** |  |

Authorised signatory: Please provide details of the person who is authorised to sign the contract for the practice?

|  |  |
| --- | --- |
| **First name** |  |
| **Surname** |  |
| **Title / Position** |  |
| **Telephone number** |  |
| **Email address** |  |

**Form C: Payments made by the PEC to the sub-contractor:**

*The PEC will make payment to the sub-contractor for the services provided by the directly into a bank account nominated by you.*

*Note: cheque payment is not possible.*

**One form is required for each practice (location) providing the service.**

C1. Please provide details of the person who will be responsible for receiving payment remittance advice. **Note – an email address is essential.**

|  |  |
| --- | --- |
| **First name** |  |
| **Surname** |  |
| **Position** |  |
| **Telephone number** |  |
| **Email address (essential)** |  |

C2. Bank Details: provide details of the bank account into which payment should be made

**Name(s) of Bank Account Holder(s):**

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| --- |
|  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Bank/Building society account number:** |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Branch Sort Code:** |  |  | - |  |  | - |  |  |

|  |  |
| --- | --- |
| **Bank Name** |  |
| **Branch Name** |  |