RETURN THIS FORM TO US BY WEDNESDAY 4TH MARCH 6PM

**FORMAL PROVIDER TARIFF SELECTION DOCUMENT FOR 2015/16**

NAME OF PROVIDER ORGANISATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF CHIEF EXECUTIVE COMPLETING FORM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT ADDRESS, EMAIL AND PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My organisation in respect of all its NHS contracts for 2015/16 hereby notifies Monitor and NHS England that we select:

Option A 2015/16 Enhanced Tariff Option *or* Option B 2014/15 Tariff Default Rollover

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NB Option B will apply to any provider not making an affirmative choice by 6pm on Wednesday 4th March.

Email this completed form to localvariations@monitor.gov.uk