

Appendix A

Question Pro-forma for Provider to complete and return to NHSBSA Provider Assurance Dental

Our Ref:	COVID PAR 20 CAS -XXXXX
Provider:	XXXXXX
Contract number:	XXXXXX/XXXX

When entering comments into the text boxes below, click on ‘**Click here to enter text**’ and then press the **return** key in order to expand the text box. Each text box will then expand as necessary.

Date Pro-forma Completed:	Click here to enter text.
Name of Provider completing Pro-forma:	Click here to enter text.

<p>It appears, to date, that your contract has not delivered the equivalent of at least 20% of usual volumes of patient care activity scheduled between August 2020 to December 2020.</p> <p>Please take this opportunity to provide any relevant information that you would like your NHSE-I Regional Commissioning Team to consider in mitigation for the contract not delivering the equivalent of at least 20% of usual volumes of patient care activity.</p> <p>Please comment as to why this may be?</p>	Click here to enter text.
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Please return the completed Pro-forma to nhsbsa.dentalcases@nhs.net