

NAME OF THE PROVIDER	ADDRESS OF ITS REGISTERED OFFICE OR PRINCIPAL PLACE OF BUSINESS	DESCRIPTION OF THE HEALTH CARE SERVICES TO BE PROVIDED	TOTAL AMOUNT TO BE PAID OR, WHERE THE TOTAL AMOUNT IS NOT KNOWN, THE AMOUNTS PAYABLE TO THE PROVIDER UNDER THE CONTRACT	DATES BETWEEN WHICH THE CONTRACT PROVIDES FOR THE SERVICES TO BE PROVIDED	DESCRIPTION OF THE PROCESS ADOPTED FOR SELECTING THE PROVIDER	LEAD/ CO-COMMISSIONER
KLEYN HEALTHCARE LTD - COMMUNITY ULTRASOUND SERVICE	KLEYN HEALTHCARE LIMITED 93 BEWSEY STREET WARRINGTON CHESHIRE WA2 7JQ	DIAGNOSTIC	£253,707	1ST APRIL 2013 – 31ST AUGUST 2015	ROLL OVER CONTRACT	LEAD COMMISSIONER