**YH20-0102 ATTACHMENT E**

**CONTACT INFORMATION**

1. Parties shall designate appropriate contact persons within each organization for notices, reports, deliverables and invoices as they relate to this agreement. Parties agree to inform of any changes in contact persons via email within ten (10) days of the change.
2. Any notices or correspondence related to this Agreement shall be sent to the parties or their designees respectively as follows:

|  |  |
| --- | --- |
| AHCCCS Procurement and Contracts: | AHCCCS Transplant Program Contact: |
| Arizona Health Care Cost Containment SystemMeggan Laporte, CPPO, MSW Chief Procurement Officer701 East Jefferson St., MD 5700Phoenix, AZ 85034P. 602 -417-4538procurement@azahcccs.gov | Arizona Health Care Cost Containment System Ruth Venturini, Fee-For-Service Rates Manager701 East Jefferson St, MD 6100Phoenix, AZ 85034P. 602-417-4393Ruth.Venturini@azahcccs.gov |
| Contractor Signatory: | Contractor Transplant Program Contact: |
| (CONTRACTOR NAME) (NAME OF CONTACT, TITLE)(ADDRESS) (ADDRESS)(PHONE)(FAX)(EMAIL) | (CONTRACTOR NAME) (NAME OF CONTACT, TITLE)(ADDRESS) (ADDRESS)(PHONE)(FAX)(EMAIL) |