**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 System  Meggan Laporte, CPPO, MSW  Chief Procurement Officer  701 East Jefferson St., MD 5700  Phoenix, AZ 85034  P. 602 -417-4538  [procurement@azahcccs.gov](mailto:Meggan.LaPorte@azahcccs.gov) | Arizona Health Care Cost Containment System  Ruth Venturini, Fee-For-Service Rates Manager  701 East Jefferson St, MD 6100  Phoenix, AZ 85034  P. 602-417-4393  [Ruth.Venturini@azahcccs.gov](mailto:Ruth.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) |