

**YH20-0102 ATTACHMENT E
CONTACT INFORMATION**

- A. 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.

- B. 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	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
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)