1. Complete the Contractor Signatory and Contractor Transplant Program Contact boxes below.
2. The Contractor shall designate appropriate contact persons within each organization for notices, reports, deliverables and invoices as they relate to this agreement, and inform AHCCCS of any changes in contact persons via email within ten (10) days of the change.
3. Any notices or correspondence related to this Agreement shall be sent to the corresponding parties or their designees as follows:

|  |  |
| --- | --- |
| AHCCCS Procurement and Contracts contact: | AHCCCS Transplant Program Contact: |
| Arizona Health Care Cost Containment System  Cynthia Smolens  Senior Procurement Specialist  801 East Jefferson St., MD 5700  Phoenix, AZ 85034  P. 602 -417-4054  [procurement@azahcccs.gov](mailto:Meggan.LaPorte@azahcccs.gov) | Arizona Health Care Cost Containment System  Tracy Thomas, Reinsurance Supervisor  801 East Jefferson St, MD 6100  Phoenix, AZ 85034  P. 602-417-4138  <mailto:Tracy.Thomas@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) |