pennsylvania
DEPARTMENT OF HUMAN SERVICES

Attachment H
Supplier Contact Person

DEPARTMENT OF HUMAN SERVICES

Outpatient and Emergency Care Services

North East Secure Treatment Unit

Vendor's Name: _____

Vendor's Title: _____

Phone Number: _____

Email: _____

Address: _____

Please designate a person who will be familiar with the contract, available to the facility during regular business hours, and authorized to act on the contractor's behalf in resolving any issues relating to the contract.

Signature: _____ **DATE:** _____