**Request For Proposal 26-85248**

**Correctional Health Care**

**Attachment U**

**Pre-Proposal Network Opportunities Form**

**Instructions:** Fill in the blank cells below with the requested information. Forms should be submitted via email to [rfp@idoa.in.gov](mailto:rfp@idoa.in.gov) per RFP Section 1.24.

The subject line of the email submissions must clearly state the following:

“[**RFP 26-85248 Attachment U– [*INSERT COMPANY NAME*]**”.

***This is an optional form***.

|  |  |
| --- | --- |
| **Company Name** | Centurion Health of Indiana, LLC |
| **MBE/WBE/IVOSB (if applicable)** | N/A |
| **Company Address** | 21251 Ridgetop Circle, Suite 150, Sterling, VA 20166 |
| **Contact Name and Title** | Lisa Rossics, Vice President of Network Development |
| **Contact Telephone** | Direct: 314-464-2101  Mobile: 314-341-8848 |
| **Contact Email** | [lrossics@teamcenturion.com](mailto:lrossics@teamcenturion.com) |