**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** | VitalCore Physicians Group of Indiana, LLC |
| **MBE/WBE/IVOSB (if applicable)** | N/A |
| **Company Address** | 719 SW Van Buren STE 100  Topeka, KS 66603 |
| **Contact Name and Title** | Jennifer Wolfe, Vice President of Marketing |
| **Contact Telephone** | 785-246-6840 |
| **Contact Email** | jwolfe@vitalcorehs.com |