

**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– Wellpath LLC]”

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

<b>Company Name</b>	Wellpath LLC
<b>MBE/WBE/IVOSB (if applicable)</b>	N/A
<b>Company Address</b>	6550 Carothers Parkway, Franklin, TN 37067
<b>Contact Name and Title</b>	David Thompson President, State and Federal Division
<b>Contact Telephone</b>	615-707-0465
<b>Contact Email</b>	DNThompson@wellpath.us