CONTRACTOR CONTACT INFORMATION SHEET
San Mateo County Behavioral Health and Recovery Services

Contractor Name: _______________________________ E-mail: _________________________
Address: ______________________________________
Phone: __________________ Fax: __________________

Please provide the name and contact information for the individual responsible for each area below.

Contract Approval: ____________________________ Phone: ____________________________
Fax: ___________________ E-mail: _________________________
Address (if different than above): __________________________

Administrative Assistant: ________________________ Phone: ____________________________
Fax: ___________________ E-mail: _________________________
Address (if different than above): __________________________

Performance Outcome Data: ________________________ Phone: ____________________________
Fax: ___________________ E-mail: _________________________
Address (if different than above): __________________________

Billing: ________________________________ Phone: ____________________________
Fax: ___________________ E-mail: _________________________
Address (if different than above): __________________________

Cost Report: ________________________________ Phone: ____________________________
Fax: ___________________ E-mail: _________________________
Address (if different than above): __________________________

Please fax to (650) 573-2841