

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

Contractor Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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**Contract Approval:** \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

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**Administrative Assistant:** \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

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**Performance Outcome Data:** \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

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**Billing:** \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

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**Cost Report:** \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Please fax to (650) 573-2841