Appendix B

Region V Systems

**REQUEST FOR INFORMATION**

**Medically Monitored Inpatient Withdrawal Management** **RFP**

All questions regarding this RFP should be made in writing, and directed to Amanda Tyerman-Harper at:

atyerman@region5systems.net.

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| --- | --- | --- | --- |
| Applicant Name: |       | Date: |       |
| Address: |       |  |  |
| Phone:  |       | RFP Page #:  |       |

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| --- |
| Question:       |
| Answer:       |
| Submitted by:       |

Written responses to questions will be made by RVS personnel via email to the inquiring party within one (1) business day and emailed to all parties that submitted a Letter of Intent.