Awarded Supplier Information

Supplier Name: Orion Health Inc
Supplier ID #: 0000271881
Supplier Address: 225 Santa Monica Boulevard
City: Santa Monica **State:** CA **Zip Code:** 90401 -
Contact Person Name: Mary McDaniel **Phone #:** 1-208-608-2371
Title: Director, Healthier Populations **Fax #:** 1- - -

Email: Mary.McDaniel@orionhealth.com
Website:

Authorized Location: ☐ **Locations list attached as *(attachment title)***
☐ **Address:**
City: **State:** **Zip Code:**
Contract ID #: 00000000000000000000003910
Delivery:
Minimum Order:
P/Card Accepted: ☒ Yes ☐ No
Other: