

ATTACHMENT 10
CONTRACTOR INFORMATION
(for ordering and contract administration purposes)

CONTRACTOR/COMPANY INFORMATION	
Company Name:	HOME HEALTH PAVILION, INC.
Address (from first page of bid):	5027 ROUTE 9W, NEWBURGH, NY 12550
Company Website:	www.homehealthpavilion.com
Federal ID #:	14-1741956
NYS Vendor ID #:	100001815
Contract Administrator Name:	MANSOOR HAIDARY
Title:	VICE PRESIDENT
Email:	mansoor@hhpdme.com
Phone:	845-926-3228
Toll Free Phone:	800-640-5835

SALES/BILLING (if different from above)	
Contact Name:	AHSAN ALI
Title:	MANAGER INSTITUTIONAL SALES
Address:	5027 ROUTE 9W, NEWBURGH, NY 12550
Email:	ali@hhpdme.com
Phone:	845-926-3219
Toll Free Phone:	800-640-5835

EMERGENCIES	
Contact Name:	AHSAN ALI
Title:	MANAGER INSTITUTIONAL SALES
Address:	5027 ROUTE 9W, NEWBURGH, NY 12550
Email:	ali@hhpdme.com
Phone:	845-926-3219
Cell Phone:	845-430-0087