



Awarded Supplier Information

Supplier Name: RealMed Corporation

Supplier ID #: 0000414474

Supplier Address: 510 E. 96th Street STE 400

City: Indianapolis

State: IN

Zip Code: 46240 -

Contact Person Name: Claire Ramoie

Phone #: 1-406-422-1529

Title:

Fax #: 1- - -

Email: Claire.Ramoie@aviality.com

Website:

Authorized Location: ☐ Locations list attached as (*attachment title*)

☐ **Address:**

City:

State:

Zip Code:

Contract ID #: 0000000000000000000000004738

Delivery:

Minimum Order:

P/Card Accepted: ☒ Yes

☐ No

Other:
