

# **EXHIBIT A**

**Exhibit A**

DispatchHealth and Medically Home Supplemental Answers to  
HCMO Notice of Material Change Transaction Form

**Item II.**

**1. Contact information for Party A.**

Contact Name	Bruce Johnson
Title	General Counsel
Phone	[REDACTED]
Cell Phone	N/A
Email	[REDACTED]

**2. Contact information for Party B.**

Contact Name	William Kramer
Title	Chief Legal Officer
Phone	[REDACTED]
Cell Phone	N/A
Email	[REDACTED]

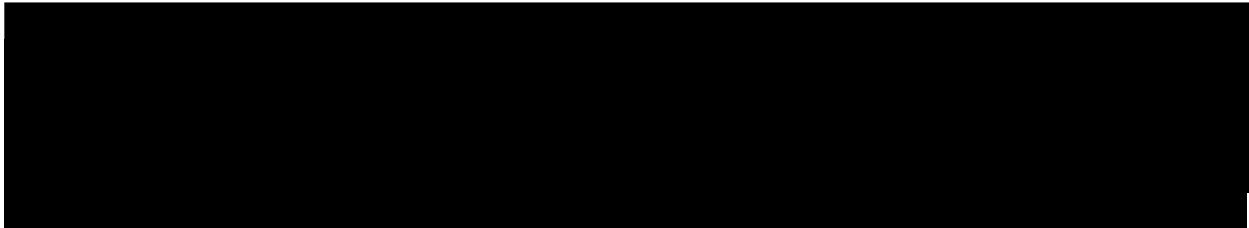
**3. Provide a billing contact for payment of review fees.**

Name	Bruce Johnson
Address	3825 North Lafayette Street, Denver, CO 80205-3339
Phone	[REDACTED]
Email Address	[REDACTED]

**Item IV.**

**13. Describe any anticipated changes resulting from the proposed material change transaction, including:**

**b. Corporate governance and management**



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