

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-2-0000264356</b>
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			<b>Date</b> 09/01/21
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 6079 - San Antonio:6711 S New Brau HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ave Ste 500 San Antonio TX 78223 United States
			<b>Page</b> 1

**Vendor:** 1742730328 8  
METHODIST HEALTHCARE SYSTEM OF SAN ANTON  
DBA SOUTHWEST TEXAS METHODIST HOSPITAL  
PO BOX 406180  
ATLANTA GA 303846180  
United States

**Bill To:** Invoice-DSHS Accounts Payable  
HEALTH & HUMAN SERVICES COMMISSION  
6711 S New Braunfels  
Ste 100  
San Antonio TX 78223  
United States

**Fax:** 210/531-7883  
**Email:** SAHAccounting@dshs.texas.gov

**Purchaser:** Ockletree, Donna L 512/406-2531

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY22 DA2 SASSLC METHODIST 7248 - MEDICAL SERVICES  
FY21 PO 235692 DA722 F4100 7248XX  
\*\*\* VENDORS SEND INVOICES VIA EMAIL TO; SAHAccounting@dshs.texas.gov  
Vendor Name: Methodist Health System of San Antonio  
Vendor Contact: Viviann Lopez  
Vendor Phone: 210-581-4300  
Vendor Email: viviann.lopez@parallon.com

Lead Contact (Program SME): Geral Rhoder  
Lead Contact Email: geral.rhoder@hhs.texas.gov  
Lead Contact Phone: 210-531-3700

SCOR Division: 19 - State Operated Facilities

PCS; Email TPO to the following;  
Lead Contact Email: geral.rhoder@hhs.texas.gov  
Facility Contract Specialist-CTCM: Steve.Gonzales1@hhs.texas.gov  
Accounting: SAHAccounting@dshs.texas.gov

Payment shall be based on Medicaid/Medicare approved allowable rates and/or negotiated rates, whichever is lower.

Please process as TPO only.

Reference PO: 0000235692  
\*\*\*\*\*

FY22 Funding  
EX/0 Legal Cite 2155.144: Client Purchase  
PO must not exceed \$5,000.00  
Requisition: 156286  
Rate: Current Medicaid/Medicare approved rates and/or negotiated rates per individual basis  
PO Service Dates 09/01/2021 to 08/31/2022

Services include but not limited to: Provide 24 hour access to emergency services excluding diversion; inpatient, outpatient clinics ancillary services to include imaging, pathology pharmacy services. Reimbursement is per current published Medicare rates for the dates of service.

Attached Terms and Conditions apply to this Purchase Order

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods actually ordered and received by the agency. Any funds not utilized by 08-31-2022 are automatically canceled.

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Vendor Phone: 210-581-4300  
Vendor Email: viviann.lopez@parallon.com

Lead Contact (Program SME):  
Geral Rhoder  
210-531-3700  
geral.rhoder@hhs.texas.gov

PCS Contact  
Donna Ockletree  
(512) 406-2546  
donna.ockletree06@hhs.texas.gov

1-1	FY22 DA2 SASSLC, Methodist ER Alamo Heights	948-46	1.00	LOT	5000.00000	\$5,000.00	09/01/2021
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**Schedule Total**           \$5,000.00

**Item Total for Line 1**           \$5,000.00

**Total PO Amount** \$5,000.00

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Over shipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

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<b>Authorized By</b> <i>Donna L. Ockletree, CTPAC</i>	<b>06/11/2021</b>
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