

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> No Shipment Involved	<b>Ship Via</b> NO SHIP	<b>Purchase Order</b> <b>HHSTX-3-0000287646</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> 09/01/22
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> Page 1
			<b>Ship To:</b> 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States

**Vendor:** 1741478278 3  
MEDINA REGIONAL HOSPITAL  
3100 AVENUE E  
HONDO TX 788613534  
United States

**Bill To:** Invoice-DSHS Fiscal Claims  
DEPARTMENT OF STATE HEALTH SERVICES  
1100 W 49th St (RBB)  
PO Box 149347  
Austin TX 78756  
United States

**Fax:** 512/458-7442  
**Email:** invoices@dshs.texas.gov

**Purchaser:** Mckelvy,Michael

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 funding  
EX/0 TGC 791 Interlocal  
Requisition 0000190748 Pricing per Quote 12-13-2021  
PO Service Dates 09-01-2022 to 08-31-2023

Service: XRay Services

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/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2023 are automatically canceled.

Vendor contact  
1741478278  
Medina Regional Hospital  
Janice Simmons  
JSimmons@MedinaHospital.Net

Agency contact  
Amanda Mendez  
Amanda.Mendez@DSHS.Texas.Gov

PCS contact  
Mike McKelvy; CTCD, CTCM  
512-406-2579  
Mike.McKelvy@HHS.Texas.Gov

1-1	FY23-RLHO TB-Medina Regional Hospital-FY23 Funding Add-Services to provide medical evaluation and management in Texas for patients with suspected/confirmed tuberculosis-09/01/2022-08/31/2023	948-97	1.00	EA	250.00000	\$250.00	09/01/2022
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**Schedule Total**                     \$250.00

**Item Total for Line 1**                     \$250.00

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**Total PO Amount** \$250.00

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.

**Authorized By**



CTCD, CTM

**05/04/2022**