## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Payment Terms Net 30	Freight Terms No Shipment Involved	<b>Ship Via</b> NO SHIP	Purchase Order	HH	STX-3-0000290424	
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			<b>Date</b> 09/01/22	Revision Page		
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.  All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.		Ship To:	6079 - San Antonio:6711 S New Brau HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ave Ste 500 San Antonio TX 78223 United States			
Vendor: 174	41671142 6		Bill To:	Invoice-DSHS Accounts	s Pavable	

SOUTH TEXAS RADIOLOGY GROUP PA

PO BOX 29407

**SAN ANTONIO TX 782290407** 

**United States** 

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:** Mckelvy, Michael

Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Ex	Extended Amt Due Date
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FY23 funding EX/0 Legal Cite 2155.144 Client Purchase PO must not exceed \$10,000.00 Requisition 0000194308

Quoted Rate: 4-13-2022 - Medicaid/Medicare rates confirmed.

PO Service Dates 09-01-2022 to 08-31-2023

Services to be performed: Radiology Services

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/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** 1741671142 South Texas Radiology Group Chase Guion 210-918-6368 CGuion@STRG-PA.com

Agency contact Maria Cabrera 210-531-7356 MariaElena.Cabrera1@hhs.Texas.gov SASSLC

PCS contact Mike McKelvy; CTCD, CTCM 512-406-2579 Mike.McKelvy@hhs.Texas.gov

1-1 948-51 1.00 LOT 5000.00000 \$5,000.00 09/01/2022 FY23 South Texas Radiology Group PA

> Schedule Total \$5,000.00

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Vendor:	1741671142 6 SOUTH TEXAS RADIOLOGY GROU PO BOX 29407 SAN ANTONIO TX 782290407 <b>United States</b>	IP PA	Bill To:	Invoice-DSHS Accounts Payable HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States			
			Fax: Email:	210/531-7883 SAHAccounting@dshs.texas	.gov		
			Purchaser:	Mckelvy,Michael			
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item Quantit	y UOM	PO Price Extend	led Amt Due Date		
			Item Total for Line 1\$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.

**Authorized By** Wallmy TCO, CICM 06/08/2022

\$5,000.00

Total PO Amount