Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Term	s Freight Terms	Ship Via				
Net 30	No Shipment Involved	NO SHIP	Purchase Order	H	HSTX-3-0000290436	
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			Date 09/01/22	Revision	Page 1	
guarantees good requirements.	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			6079 - San Antonio:6711 S New Brau HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ave		
	snipping papers, invoices, and corresponses Order Number.	ondence must be identified		Ste 500 San Antonio TX 782 United States	23	
Vendor:	1742896068 0		Bill To:	Invoice-DSHS Accor	unts Payable	

SOUTH TEXAS RADIOLOGY IMAGING CENTERS

PO BOX 29490

SAN ANTONIO TX 782290490

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

Quantity Line-Sch **Inventory Item ID - Line Description** Class/Item **UOM PO Price Extended Amt Due Date**

FY23 funding EX/0 Legal Cite 2155.144 Client Purchase PO must not exceed \$10,000.00 Requisition 0000194317

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 1742896068 South Texas Radiology Imaging Centers Bryan Mattson 210-617-9000 Bryan.Mattson@STRIC.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

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			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: 1742896068 0 SOUTH TEXAS RADIOLOGY IN PO BOX 29490 SAN ANTONIO TX 782290490 United States		NG CENTERS	Bill To:	Invoice-DSHS Accounts Payab HEALTH & HUMAN SERVIC 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States	
			Fax: Email:	210/531-7883 SAHAccounting@dshs.texas.g	ov

				Purchaser:	wickervy,wiichaei		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Schedule Total	\$5,000.00	
				Item	Total for Line 1	\$5,000.00	
				7	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.

Authorized By

MANNETCO, CICM

06/08/2022