

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms N/A, Service, Pick up, etc.	Ship Via NONE	Purchase Order HHSTX-3-0000292784
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.			Date 09/01/22
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd Corpus Christi TX 78405 United States

Vendor: 1201952851 7
ADVANCE EMS LTD
PO BOX 668
BELLAIRE TX 774020668
United States

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
4001 Highway 36 South
Brenham TX 77833
United States

Fax: 979/277-1865
Email: 712Accounting@hhs.texas.gov

Purchaser: Atchley,Cindy Jean 432/263-9617

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 Legal Cite 2155.144; Client Purchase
PO must not exceed \$10,000.00
PO Amount: \$10,000.00
Requisition 0000185353
Rate: Current Medicaid/Medicare approved rates and/or negotiated rates per individual needs.

PO Service Dates: 09/01/2022-08/31/2023 no renewals

Client Medical Services as needed:
Ambulance 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 and/or 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:
Anna Poleshov
Phone: 713-661-3443
Email: billing@advanceems.com

For: Agency/Facility: HHSC/Corpus Christi State Supported Living Center (CCSSLC)

Facility Contract Manager:
Christine Cruz, CTCM
Phone: 361-888-5301 #7507
Email: christine.cruz@hhs.texas.gov

Facility SME Contact:
Gabrielle Finzel
Phone: 361-888-5301
Email: gabrielle.finzel@hhs.texas.gov

PCS Contact:
Cindy Atchley, CTCD
Phone: 432-263-9617
Email: cindy.atchley@hhs.texas.gov

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	FY23 Client Medical Services as needed; Ambulance Services ; For CH3 CCSSLC Residents; Reqn 185353	948-12	1.00	LOT	10000.00000	\$10,000.00	09/01/2022
Schedule Total						\$10,000.00	
Item Total for Line 1						\$10,000.00	
Total PO Amount						\$10,000.00	

VENDORS SEND INVOICES VIA EMAIL TO: 712accounting@hhs.texas.gov

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 <i>Cindy Atchley, CTED</i>	06/28/2022
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