Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terr	ms Freight Terms No Shipment Involved	Ship Via NO SHIP	Purchase Order	Н	HSTX-3-0000294183
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Date 09/01/22	Revision	Page 1
			Ship To:	4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd Corpus Christi TX 78405 United States	
Vendor:	1741708429 4 ORTHOPEDIC ASSOCIATES OF COR	RPUS CHRISTI	Bill To:	Invoice - DADS	N SERVICES COMMISSION

ORTHOPEDIC ASSOCIATES OF CORPUS CHRISTI

DBA SOUTH TEXAS BONE & JOINT

601 TEXAN TRL STE 300 CORPUS CHRISTI TX 784112549

United States

HEALTH & HUMAN SERVICES COMMISSION

4001 Highway 36 South Brenham TX 77833 United States

Fax: 979/277-1865

712Accounting@hhs.texas.gov **Email:**

Mckelvy, Michael **Purchaser:**

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

FY23 funding EX/0 Legal Cite 2155.144 Client Purchase PO must not exceed \$10,000.00 Requisition 0000197711

Quoted Rate: 04-20-2022 Medicaid/Medicare rates verified

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

Services to be performed: Orthopedic 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 1741708429 Orthopedic Associates Lisa Adickes 361-854-0811 LAdickes@OrthoCC.com

Agency contact Christine Cruz 361-888-5301 Ext: 7507 Christine.Cruz@hhs.Texas.gov CCSSLC

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

1-1 948-74 1.00 LOT 5000.00000 \$5,000.00 09/01/2022

FY23 SERVICES ORTHOPEDIC CH3 FOR CCSSLC RESIDENTS

> Schedule Total \$5,000.00

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Vendor: 1741708429 4 ORTHOPEDIC ASSOCIATES OF CORPUS CHRISTI DBA SOUTH TEXAS BONE & JOINT 601 TEXAN TRL STE 300 CORPUS CHRISTI TX 784112549 United States	Bill To:		
	Fax: Email:	979/277-1865 712Accounting@hhs.texas.gov	
	Purchaser:	Mckelvy,Michael	
Line-Sch Inventory Item ID - Line Description Class/Item Qua	antity UOM	PO Price Extended Amt Due Date	

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

JAN METCO, CTCM

07/12/2022

\$5,000.00

Total PO Amount