

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000296917</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> 5950 - El Paso:6700 Delta Dr HEALTH & HUMAN SERVICES COMMISSION 6700 Delta Dr 6700 Delta Dr El Paso TX 79905 United States
			<b>Page</b> 1

**Vendor:** 1742514106 0  
PROVIDENCE IMAGING CONSULTANTS P A  
PO BOX 21568  
TULSA OK 741211568  
United States

**Bill To:** Invoice-DSHS Accounts Payable  
DEPARTMENT OF STATE HEALTH SERVICES  
1200 E Brin  
PO Box 70  
Terrell TX 75160  
United States

**Fax:** 972/551-8052  
**Email:** DSHS.TSHBusinessOffice@dshs.texas.gov

**Purchaser:** Coleman,Rosetta V 512/406-2677

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

Requisition 0000192805

Pricing per Quote\*\* Rates: Current Medicaid/Medicare approved rates and/or negotiated rates per individual basis.\*\*

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

Services to be performed: Medical Imaging EPSSLC

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  
1742514106  
Providence Imaging Consultants PA

First and Last Name  
Phone number: 915-577-6707 or 915-577-6702  
Email address

Agency contact

Lead Contact Name: Pamela Richter  
Phone number: 915-782-6403  
Email address: pamela.richter@hhs.texas.gov

Contract Manager: Estela Dorado  
Phone: 915-782-6309  
Email address: estela.dorado@hhs.texas.gov

PCS contact: Rosetta Coleman,CTCM, CTCD

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Phone number: (512)-406-2677  
Email address: rosetta.coleman03@hhs.texas.gov

1-1	FY23 - SERVICES, Diagnostic Medical Imaging & Minimally Invasive Procedures for CH5 EPSSLC.	948-74	1.00	LOT	2500.00000	\$2,500.00	09/01/2022
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**Schedule Total**                     \$2,500.00

**Item Total for Line 1**                     \$2,500.00

**Total PO Amount** \$2,500.00

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.

<p style="margin: 0;"><b>Authorized By</b> <i>Rosetta Coleman, CTCM</i></p>	<p><b>08/03/2022</b></p>
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