

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms No Shipment Involved	Ship Via NO SHIP	Purchase Order HHSTX-3-0000301974
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 10/05/22
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 4549 - San Antonio:6711 S New Brau HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States

Vendor: 1832982465 2
SOUTH TEXAS DYSPHAGIA DIAGNOSTICS PLLC
PO BOX 903
WEIMAR TX 789620903
United States

Bill To: Invoice-DSHS Accounts Payable
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	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 0000201708
Quoted Rate: 6/02/2022 -- Medicare rates verified

PO Service Dates 10-05-2022 to 08-31-2023

Services to be performed: Evaluation of Swallowing 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
1832982465
South Texas Dysphagia Diagnostics
Megan Taylor
361-317-2600
Megan@SouthTexasDD.com

Agency contact
Maria Cabrera
210-531-7356
Mariaelena.Cabrera1@HHS.Texas.gov
Regional Contract Specialist

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

1-1	FY23 CG4 MOBILE ENDOSCOPIC SERVICE FEES	948-74	1.00	LOT	5000.00000	\$5,000.00	10/05/2022
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Purchaser: Mckelvy,Michael

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	
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


CTCD, CTCM

10/05/2022