

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> N/A, Service, Pick up, etc.	<b>Ship Via</b> NONE	<b>Purchase Order</b> <b>HHSTX-3-0000304277</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> 11/03/22
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> Page 1
			<b>Ship To:</b> 4552 - Austin:1100 W 49th St (RDM) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RDM) Austin TX 78756 United States

**Vendor:** 1821550918 5  
WINKLER COUNTY HOSPITAL DISTRICT  
DBA WINKLER COUNTY RURAL HEALTH CLINIC  
821 JEFFEE DR  
KERMIT TX 797454610  
United States

**Bill To:** Invoice-DSHS Fiscal Claims  
DEPARTMENT OF STATE HEALTH SERVICES  
1100 W 49th St (RBB)  
PO Box 149347  
Austin TX 78756  
United States

**Fax:** 512/458-7442  
**Email:** invoices@dshs.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 TGC 791 Interlocal  
Requisition 0000211144; Pricing per Quote dated 10/26/2022 for FY23 Term  
Rate: \$55.00 per view for each Chest Xray (CXR)

PO Service Dates: 11/03/2022-08/31/2023 no renewals

Client Services as needed:  
Contractor will provide Tuberculosis Prevention and Elimination (TB) services for Public Health Region 9/10  
Chest X Rays (CXR)

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:  
VID 1821550918  
Winkler County Hospital District  
Contact: Randy Ramirez/Director of Radiology  
Phone: 432-586-8233  
Email: rramirez@wcmh.net

For Agency: Department of State Health Services (DSHS) Region 9/10 - TB - RLHO

Agency Lead Contact/Contract Manager:  
David Acosta, CTCM  
Phone: 512-776-6903  
Email: david.acosta@dshs.texas.gov

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

1-1	FY23 Client Services as needed; Interlocal; RLHO Tuberculosis (TB);	948-74	1.00	LOT	330.00000	\$330.00	11/08/2022
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Winkler County Hospital District;  
Services to provide CXR services in  
PHR 9/10; Term 11/03/2022 - 8/31/2023  
no renewals; Reqn 211144

**Schedule Total** \_\_\_\_\_ \$330.00

CXR Services  
\$55 per view of each CXR

**Item Total for Line 1** \_\_\_\_\_ \$330.00

**Total PO Amount** \$330.00

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**

*Cindy Atchley, CTCD*

**11/03/2022**