

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000308931
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 01/25/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 5059 - Kerrville:721 Thompson Dr HEALTH & HUMAN SERVICES COMMISSION 721 Thompson Dr Kerrville TX 78028 United States

Vendor: 1272210846 6
 FACIAL & OCULOPLASTIC SURGERY CENTER OF
 DBA AESTHETIC FACIAL & OCULOPLASTIC SURGEONS
 1314 E SONTERRA BLVD STE 5104
 SAN ANTONIO TX 782584289
 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: Griffin,Valerie 512/406-2458

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: 0000215194

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

PO Service Dates: 01-25-2023 to 08-31-2023

Services to be performed: Facial Oculoplastic Surgery

****Attention Vendor: PLEASE SEND INVOICES VIA EMAIL TO:sahaccounting@dshs.texas.gov**

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
 First and Last Name: Dr. Holck
 Phone number: 210.495.2367
 Email address:

Agency Contact
 First and Last Name: Lisa Rowett /Chante Owens
 Phone number: 830.896.2211 Ext 6122/210.531.7943
 Email address: Lisa.Rowett@hhs.texas.gov /Chante.Owens1@hhs.texas.gov
 Facility: Kerrville State Hospital

Contract Manager
 First and Last Name: Melissa Maddox
 Phone Number:210.531-7357
 Email address: Melissa.maddox@hhs.texas.gov

PCS Contact
 First and Last Name: Valerie Griffin
 Phone number: 512.406.2458

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Email address: Valerie.Griffin@hhs.texas.gov

1-1	Facial & Oculoplastic Surgery Center	948-48	1.00	LOT	10000.00000	\$10,000.00	01/25/2023
Schedule Total						\$10,000.00	
Item Total for Line 1						\$10,000.00	
Total PO Amount						\$10,000.00	

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 <i>Valerie Griffin, CTCD, CTCM</i>	01/25/2023
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