

# Health and Human Services Commission

## 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-3-0000309346</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> 02/01/23
<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:** 1861889110 7  
ZARAGOZA ENDODONTIC GROUP PLLC  
DBA EP ROOT CANAL SPECIALISTS  
9398 VISCOUNT BLVD STE 4B  
EL PASO TX 799258028  
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:** 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 Legal Cite 2155.144; Client Purchase  
PO must not exceed \$10,000.00  
PO Amount: \$10,000.00  
Requisition 0000214015  
Pricing per Quote dated 1-18-23 for 01-01-2023-12-31-2023  
Rate: See Fee Schedule

PO Service Dates: 02/01/2023-08/31/2023 no renewals

Client Dental Services as needed:  
Root Canal Specialty

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:  
Contact: Leann Jimenez  
Phone: 972-521-8387

For: Agency/Facility: HHSC/El Paso State Supported Living Center (EPSSLC)

Facility Contract Manager:  
Patricia Gonzalez  
Email: Patricia.gonzalez1@hhs.texas.gov

Facility Lead/SME Contact:  
Danisa Meys  
Phone: 915-782-6421  
Email: danisa.meys@hhs.texas.gov

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

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1-1	FY23 Client Services as needed; Dental /Root Canal Specialty; Term: 02/01/23-08/31/23 no renewals; REQ 214015	948-28	1.00	LOT	10000.00000	\$10,000.00	02/01/2023
<b>Schedule Total</b>						\$10,000.00	
<b>Item Total for Line 1</b>						\$10,000.00	
<b>Total PO Amount</b>						\$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.

<b>Authorized By</b> <i>Cindy Atchley, CTED</i>	<b>02/01/2023</b>
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