## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** Ship Via **Payment Terms** Freight Terms HHSTX-3-0000309983 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Page Date Revision specifications, terms, and conditions set forth in the advertisement and vendor's 02/13/23 1 conforming responses become a part of this numbered purchase order. Contractor Ship To: 5950 - El Paso:6700 Delta Dr guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 6700 Delta Dr All shipments, shipping papers, invoices, and correspondence must be identified 6700 Delta Dr with our Purchase Order Number. El Paso TX 79905 United States 1463328307 3 Bill To: Invoice-DSHS Accounts Pavable Vendor: OPTUM360 LLC DEPARTMENT OF STATE HEALTH SERVICES DBA OPTUMINSIGHT 1200 E Brin PO BOX 88050 PO Box 70 Terrell TX 75160 CHICAGO IL 606801050 United States United States Fax: 972/551-8052 Email: DSHS.TSHBusinessOffice@dshs.texas.gov **Purchaser:** Connell,Ron Lee Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM **PO Price** Extended Amt Due Date FY23 General Goods Spot Purchase Open Market SP/F Requisition #: HHSTX-3-0000216610 Requester: Judith Santiesteban Phone #: +1 (915) 782-6451 Email: Judith.Santiesteban@hhs.texas.gov SHIP TO ATTN: LUZ VILLAREAL, 915-782-6390, Luz.Villarreal@hhs.texas.gov Purchaser Name: Ron Connell Phone #: 512-406-2666 Email: ron.connell@hhs.texas.gov Vendor Name: OPTUM360, LLC Contact: LANA LLETSCHUCK Phone #: 800-464-3649 Email: customerassistance@optum.com Goods and/or services are to be delivered and invoiced after September 1, 2022. This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature CPA Procurement Manual, and may be cancelled at any time in whole or part without penalty. \* Quote # Q161143.V1 Invoicing and Payment: The invoice shall contain all the following in order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing. 615-15 1-1 3.00 EA 74.72000 \$224.16 02/20/2023 ICD-10-CM EXP PHYS SPIRAL W/23

GDLN FOR CH5 (EPSSLC)

Schedule Total

\$224.16

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Vendor:	1463328307 3 OPTUM360 LLC DBA OPTUMINSIGHT PO BOX 88050 CHICAGO IL 606801050 <b>United States</b>			Bill To:		Accounts Payable Г OF STATE HEALTI 50	H SERVICES
				Fax: Email:	972/551-8052 DSHS.TSHBus	inessOffice@dshs.texa	s.gov
				Purchaser:	Connell,Ron L		<b>D D</b> (
ine-Sch	Inventory Item ID - Line Description	Class/Item Qua	antity	Purchaser: UOM	Connell,Ron L PO Price	ee Extended Amt	Due Date
Line-Sch	Inventory Item ID - Line Description	Class/Item Qu	antity	UOM		Extended Amt	Due Date
	Inventory Item ID - Line Description CURRENT PROCEDURAL CODING EXP 2023 FOR CH5 (EPSSLC)	Class/Item Qua		UOM	PO Price	Extended Amt \$224.16	<b>Due Date</b> 02/20/2023
	CURRENT PROCEDURAL CODING			UOM Item Total EA	PO Price	Extended Amt \$224.16 \$212.46	
	CURRENT PROCEDURAL CODING			UOM Item Total EA Sche	PO Price for Line 1 70.82000	Extended Amt \$224.16 \$212.46 \$212.46	
2-1	CURRENT PROCEDURAL CODING			UOM Item Total EA Sche	PO Price           for Line 1           70.82000           edule Total	Extended Amt \$224.16 \$212.46 \$212.46	
Line-Sch 2-1 3-1	CURRENT PROCEDURAL CODING EXP 2023 FOR CH5 (EPSSLC)	615-15	3.00	UOM Item Total EA Sche Item Total EA	PO Price           for Line 1           70.82000           cdule Total           for Line 2	Extended Amt \$224.16 \$212.46 \$212.46 \$212.46 \$212.46 \$212.46 \$212.46 \$212.46	02/20/2023

Total PO Amount \$451.57

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

Reef.