Health and Human Services Commission

Purchase Order

						Plopa	tch via Prin
Payment Terms Net 30	Freight Terms	Ship Vi ed BEST V		Burchass Orden		HHSTX-3-0	0031206
If advertised by inform	FOB Dest. Prepaid & Allowe nal bid, Invitation for Offer, or R and conditions set forth in the ad	Request for Proposal	l; all	Purchase Order Date 03/24/23	Revision	111017-3-00	Pag
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number			Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756			
with our Purchase Order Number. Vendor: 1812380735 8 AAPC HOLDINGS LLC AAPC PO BOX 124048 DALLAS TX 753124048 United States			Bill To:	United States Invoice-HHSC A HEALTH & HU 4601 W Guadalu Austin TX 7875 United States	IMAN SERVICES CO ape St	OMMISSION	
				Fax: Email:	512/424-6901 HHSC_AP@hhs	sc.state.tx.us	
				Purchaser:	Fletcher,Patrici	ia Rose	
Line-Sch Invento	ory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Phone: 512/438-468 EMAIL: stanley.stur	51 nph@hhs.texas.gov						
HHSC PCS CONTA Phone: 512-406-25: EMAIL: Patricia.Flet VENDOR: AAPC Ho Name Elisabeth Saj Tel # 801/236-2200 Email: elisabeth.sap Please find a copy o Please confirm rece NOTE: FREIGHT T Delivery hours are f This PO is continge	51 nph@hhs.texas.gov ICT: Patricia Fletcher 38 iccher@hhsc.state.tx.us oldings parilas , ext. 181	ON PREPAY ANE 4:30 PM Monday ility of lawful appro	Friday exce			ng.	

Texas Health and Human Services Commission, Medical and Dental Benefits Policy Agency Contact Name: Stanley Stumph

Health and Human Services Commission

Purchase Order

Payment Terms	Freight Terms	Ship Via					
Net 30	FOB Dest. Prepaid & Allowed	BEST W		Purchase Order		HHSTX-3-00	000312960
specifications, terms,	mal bid, Invitation for Offer, or Requ and conditions set forth in the advert	isement and vend	lor's	Date 03/24/23	Revision		Page 2
guarantees goods or s requirements.	s become a part of this numbered pur- ervices delivered meet or exceed nur ing papers, invoices, and correspon Order Number.	nbered purchase	order	Ship To:			OMMISSION
AAI AAI PO DAI	2380735 8 PC HOLDINGS LLC PC BOX 124048 LLAS TX 753124048 ted States			Bill To:	Invoice-HHSC J HEALTH & HU 4601 W Guadal Austin TX 7875 United States	UMAN SERVICES CO	OMMISSION
				Fax: Email:	512/424-6901 HHSC_AP@hh	isc.state.tx.us	
				Purchaser:	Fletcher,Patric	cia Rose	
Line-Sch Invent	ory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Agency Contact Phor	il: stanley.stumph@hhs.texas.gov he: (512)438-4651 ress: 701 W 51st St, Mail Code H310), Austin, TX 787	51	Item Total f Total P	for Line 1	\$990.00 \$990.00	

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		
Pakisa Flitches,	CTCD, CTCM	<u>03/24/2023</u>

Dispatch via Print