

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	HHSTX-4-0000313323
Net 30	Prepaid & Allow	BEST WAY	Date	Revision
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.			09/01/23	Page 1
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 United States

Vendor: 1621789402 7
PRHC-ENNIS LP
DBA ENNIS REGIONAL MEDICAL CENTER
2201 W LAMPASAS ST
ENNIS TX 751195644
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: Naiser,Tori

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY24 funding
EX/0 Legal Cite 2155.144 Client Purchase
Requisition 0000224879; Date per quote: 09/16/2022; FY24 Term

Services are to be delivered and invoiced after September 1, 2023

PO Service Dates 09/01/2023 to 08-31-2024 no renewals
Services to be performed: Medical Laboratory test/blood tests

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 08-31-2024 are automatically canceled.

Vendor Contact:
VID 1621789402
PRHC-Ennis LP
Contact: Angela Jones
Phone: 469-256-2155
Email: angela.jones4@lpnt.net

For Agency: Department of State Health Services (DSHS) Region 2/3

Agency Contract Manager:
Amanda Mendez
Phone: 512-776-2785
Email: amanda.mendez@dshs.texas.gov

PCS contact
Tori Naiser
Tori.naiser@hhs.texas.gov
512-971-8263

1-1	FY24-RLHO TB-Ennis LP dba Ennis Regional Medical Center-FY24 Funding Add-Services to provide medical evaluation and management in Texas for	948-55	1.00	EA	400.00000	\$400.00	09/01/2023
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patients with suspected/confirmed
tuberculosis-09/01/2023-08/31/2027

Schedule Total \$400.00

1 CRC
2 SOW
3 Confirmation of services

Item Total for Line 1 \$400.00

Total PO Amount \$400.00

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

Tori Naiser, CTCD

03/28/2023