Department of State Health Services

Purchase Order

Dispatch via Print

Payment Ter	8	Ship Via		LUICTY	4 0000040004
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-	-4-0000313384
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			Date 09/01/23	Revision	Page 1
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:	4552 - Austin:1100 W 49th St (RDM) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RDM) Austin TX 78756 United States	
Vendor:	endor: 1741698143 3 CITIZENS MEDICAL CENTER DBA STEVENS NURSING AND REHABILITATION 106 KAHN ST HALLETTSVILLE TX 779642177 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

FY24 funding EX/0 TGC 791 INTERLOCAL CONTRACTS Requisition 0000223741; Pricing per date 02/13/23; FY24 Term

Services are to be delivered and invoiced after September 1, 2023 PO Service Dates 09/01/2023 to 08/31/2024 Services to be performed: provide patient services to tuberculosis patients

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 1741698143 Citizens Medical Center Ryan Gonzales 361-572-5057 RGonzales1@CMCVTX.org

Contract Manager Name/Phone: David Acosta / 512-776-6903 Contract Manager Email: david.acosta@dshs.texas.gov

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

1-1 948-47 1.00 EA 300.00000 \$300.00 09/01/2023

FY24 - RLHO Tuberculosis (TB) -Citizens Medical Center - FY24 NEW TPO - TPO is to provide TB services in PHR 8 - Term 9/1/2023 - 8/31/2024

Schedule Total \$300.00

1. SOW

2. Accepted Rates

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			Purchaser:	Naiser,Tori	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date
3. CRC			Item Total	for Line 1	\$300.00

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

Ten Naise, CTCD

03/29/2023

Total PO Amount

\$300.00