Department of State Health Services

Purchase Order

Dispatch via Print

Payment Ter	8	Ship Via		1110TV 4 0000	040007	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-4-00003	<i>3</i> 1339 <i>1</i>	
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Date	Revision	Page	
	s, terms, and conditions set forth in the ac		09/01/23		1	
conforming responses become a part of this numbered purchase order. Contractor			Ship To:	4552 - Austin:1100 W 49th St (RDM) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RDM) Austin TX 78756 United States		
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.						
				Office States		
Vendor:	1741671142 6		Bill To:	Invoice-DSHS Fiscal Claims		
	SOUTH TEXAS RADIOLOGY GR	OUP PA		DEPARTMENT OF STATE HEALTH SER	RVICES	
	PO BOX 29407			1100 W 49th St (RBB)		
	SAN ANTONIO TX 782290407			PO Box 149347		
	United States			Austin TX 78756 United States		
				Cinica States		
			Fax:	512/458-7442		
			Email:	invoices@dshs.texas.gov		

Quantity

Class/Item

Purchaser:

UOM

FY24 funding EX/0 TGC 2155.14 CLIENT PURCHASES Requisition 0000223753; Pricing per date 03/07/23; FY24 Term

Inventory Item ID - Line Description

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 Elle Gonzalez Manager, Physician Operations South Texas Radiology Group, P.A. egonzalez@strg-pa.com

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

1-1 948-48 1.00 EA 152.00000 \$152.00 09/01/2023

FY24 - RLHO Tuberculosis (TB) - South Texas Radiology Group PA - FY24 NEW TPO - TPO is to provide TB services in PHR 8 - Term 9/1/2023 -8/31/2024

Schedule Total \$152.00

Naiser, Tori

Extended Amt

Due Date

PO Price

1. SOW

Line-Sch

2. Accepted Rates

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order		HHSTX-4-0000313397	
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 2 4552 - Austin:1100 W 49th St (RDM) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RDM) Austin TX 78756 United States		
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:				
Vendor:	1741671142 6 SOUTH TEXAS RADIOLOGY GROUP PA PO BOX 29407 SAN ANTONIO TX 782290407 United States			Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICE. 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States 512/458-7442 invoices@dshs.texas.gov		
			Fax: Email:				
				Purchaser:	Naiser,Tori		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date	

3. PCS-436

4. CRC

Item Total for Line 1 _____ \$152.00

Total PO Amount \$152.00

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