

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> No Shipment Involved	<b>Ship Via</b> NO SHIP	<b>Purchase Order</b> <b>HHSTX-4-0000316993</b>
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.			<b>Date</b> 09/01/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 1
			<b>Ship To:</b> 4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd Corpus Christi TX 78405 United States

**Vendor:** 1742539465 1  
 ABDOMINAL SPECIALISTS OF SOUTH TEXAS LLP  
 1301 OCEAN DR  
 CORPUS CHRISTI TX 784042206  
 United States

**Bill To:** Invoice - DADS  
 HEALTH & HUMAN SERVICES COMMISSION  
 4001 Highway 36 South  
 Brenham TX 77833  
 United States

**Fax:** 979/277-1865  
**Email:** 712Accounting@hhs.texas.gov

**Purchaser:** Mckelvy,Michael

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  
 PO must not exceed \$10,000.00  
 Requisition 0000233131  
 Pricing per: Quote from 4-19-2023Medicaid/Medicare rates accepted

PO Service Dates 09-01-2023 to 08-31-2024

Services to be performed: Abdominal Services

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  
 1742539465  
 Abdominal Specialists of South Texas  
 361-884-2858  
 RTiner@AbdominalSpecialists.com

Agency contact  
 Christine Cruz  
 361-888-5301 ext 7507  
 Christine.Cruz@HHS.Texas.Gov

PCS contact  
 Mike McKelvy; CTCD, CTCM  
 512-406-2579  
 Mike.McKelvy@HHS.Texas.Gov

1-1	FY24 SERVICES MEDICAL GASTROLOGICAL CH3 CCSLS RESIDENTS	948-74	1.00	LOT	5000.00000	\$5,000.00	09/01/2023
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**Schedule Total**                     \$5,000.00

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**Item Total for Line 1** \$5,000.00

**Total PO Amount** \$5,000.00

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.

<p><b>Authorized By</b></p>  <p style="text-align: center;">CTCD, CTCM</p>	<p><b>05/11/2023</b></p>
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