

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-4-0000321423
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.			Date 09/01/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
		Ship To:	6079 - San Antonio:6711 S New Brau HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ave Ste 500 San Antonio TX 78223 United States

Vendor: 1741109665 8
CHRISTUS SANTA ROSA HEALTH CARE CORPORAT
DBA CHRISTUS SANTA ROSA NEW BRAUNFELS
PO BOX 847053
DALLAS TX 75284-7053
United States

Bill To: Invoice-DSHS Accounts Payable
HEALTH & HUMAN SERVICES COMMISSION
6711 S New Braunfels
Ste 100
San Antonio TX 78223
United States

Fax: 210/531-7883
Email: SAHAccounting@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 Legal Cite TGC 2155.144
Requisition 0000232464
PO Service Dates 09/01/2023 to 08/31/2024
Services: Hospital Services
Goods and/or services are to be delivered and invoiced after September 1, 2023

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.

VENDORS SEND INVOICES VIA EMAIL TO: sahaccounting@dshs.texas.gov *

Vendor contact:
1741109665 000
CHRISTUS SANTA ROSA HEALTHCARE
KARLA STOKES
210-704-2011 800-756-7999

Program:
Geral Rhoder
geral.rhoder@hhs.texas.gov
210-531-3700

ADOA Admin: Amanda Tolley
210-531-3700

Contract Manager: Raymond Lopez
raymond.lopez@hhs.texas.gov
210-531-8246

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

1-1	FY24 DA722 F6240 724810 HOSPITAL	948-46	1.00	LOT	5000.00000	\$5,000.00	09/01/2023
-----	----------------------------------	--------	------	-----	------------	------------	------------

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-4-0000321423
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.			Date 09/01/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 6079 - San Antonio:6711 S New Brau HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ave Ste 500 San Antonio TX 78223 United States
			Page 2

Vendor: 1741109665 8
CHRISTUS SANTA ROSA HEALTH CARE CORPORAT
DBA CHRISTUS SANTA ROSA NEW BRAUNFELS
PO BOX 847053
DALLAS TX 75284-7053
United States

Bill To: Invoice-DSHS Accounts Payable
HEALTH & HUMAN SERVICES COMMISSION
6711 S New Braunfels
Ste 100
San Antonio TX 78223
United States

Fax: 210/531-7883
Email: SAHAccounting@dshs.texas.gov


Purchaser: Naiser,Tori

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
SERVICES							
						Schedule Total	\$5,000.00
FY24 DA2 DA722 CHRISTUS F6240 724810 DA722 F6240 724810 HOSPITAL SRV						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.

Authorized By 	07/10/2023
--	-------------------