Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHST	X-4-0000322429	
specifications, terms	rmal bid, Invitation for Offer, or I s, and conditions set forth in the ac	lvertisement and vendor's	Date 09/01/23	Revision Page		
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Ship To:	ip To: 1990 - Austin:1100 W 49th St (DHT) DEPARTMENT OF STATE HEALTH SERVI 1100 W 49th St (DHT)		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.						
Y 1 120	220070407		- D.U.T.	I ' DOHOE' 101'		

Vendor: 1383986849 7

CONCORDANCE HEALTHCARE SOLUTIONS LLC

PO BOX 776422 CHICAGO IL 606776422

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: Perez, Aurora Dianne

Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due Date

BLANKET PURCHASE ORDER

TERM: September 1, 2023 through August 31, 2024

SHIPPING INSTRUCTIONS: DO NOT SHIP until notified by Agency Contact.

FREIGHT: F.O.B. Destination Freight Prepaid and Allowed

DELIVERY: 3-5 Days After Receipt of PO

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays

CONTRACT MANAGER/INVOICE CONTACT:

Lisa Newlin 512-776-3021

Lisa.newlin@dshs.texas.gov

Ship to Attn: Jennifer Davis

806-783-6471

Jennifer.davis@dshs.texas.gov

HHSC BUYER:

Dianne Perez, CTCD

512-406-2493

Dianne.perez@hhs.texas.gov

VENDOR:

Concordance Healthcare Solutions

605-679-7505

Jshuey@concordancehs.com

MMCAP GPO and DSHS Contract # HHS000629500001

MMCAP GPO and Concordance Healthcare Solutions Contract # MMS18008

PURCHASING METHOD: EX/0

Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

Requisition # 223465

Goods and/or services are to be delivered and invoiced after September 1, 2023.

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specification	by informal bid, Invitation for Offer, or R s, terms, and conditions set forth in the ad	vertisement and vendor's	Date 09/01/23	Revision	Page 2
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Vendor:	1383986849 7 CONCORDANCE HEALTHCARE S PO BOX 776422 CHICAGO IL 606776422	SOLUTIONS LLC	Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE H 1100 W 49th St (RBB) PO Box 149347	EALTH SERVICES

Fax: 512/458-7442

Email: invoices@dshs.texas.gov

Austin TX 78756

United States

| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date

Any goods or services not ordered and received by August 31, 2024, will be considered cancelled. Amount may be increased/decreased upon need.

United States

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2024 funding. Invoice per 34 TAC §20.487, amended effective May 1, 2022

Note: Agency will not order goods or services on this PO that are available from Workquest, Texas Correctional Industries or DIR. Agency will not order capital or controlled assets or equipment on this PO.

1-1	FY24 allocation for PHR 1 (Lubbock) for pharmaceutical & related healthcare products	055-08	1.00	LOT	1000.00000	\$1,000.00	09/01/2023
					Schedule Total	\$1,000.00	
					Item Total for Line 1	\$1,000.00	
2-1	FY24 allocation for PHR 1 (Lubbock) for pharmaceutical & related healthcare products	055-08	1.00	LOT	100.00000	\$100.00	09/01/2023
					Schedule Total	\$100.00	
					Item Total for Line 2	\$100.00	
					Total PO Amount	\$1,100.00	

Department of State Health Services

Purchase Order

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Net 30	Prepaid & Allow	BEST	337 A 37		
		DEST	WAY	Purchase Order	HHSTX-4-0000322429
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Date 09/01/23	Revision Page 3	
			Ship To:	1990 - Austin:1100 W 49th St (DHT) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DHT) Ste 605 Austin TX 78756 United States	
Vendor:	1383986849 7 CONCORDANCE HEALTHCARE PO BOX 776422 CHICAGO IL 606776422 United States	HEALTHCARE SOLUTIONS LLC 776422		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: Email:	512/458-7442 invoices@dshs.texas.gov
Line-Sch	Inventory Item ID - Line Description	Class/Item	Ouantity	Purchaser: UOM	Perez, Aurora Dianne PO Price Extended Amt Due Date

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

Diame Perg. CTCD

07/19/2023