

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-4-0000324282</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> 6943 - Austin:6101 E Oltorf HEALTH & HUMAN SERVICES COMMISSION 6101 E Oltorf Austin TX 78741 United States
			<b>Page</b> 1

**Vendor:** 1741976051 1  
WORKQUEST  
1011 E 53RD 1/2 ST  
AUSTIN TX 787511703  
United States

**Bill To:** Invoice-HHSC Accounting  
HEALTH & HUMAN SERVICES COMMISSION  
4601 W Guadalupe St  
Austin TX 78751  
United States

**Fax:** 512/424-6901  
**Email:** HHSC\_AP@hhsc.state.tx.us

**Purchaser:** Augustus, Wendlyn Denett

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

FY24 funding  
EX/0 - TGC 2155.441, Managed Term Contract 962-S3  
Requisition 0000228906 Pricing Per Quote 199,569.80  
PO Service Dates 09-01-2023 to 08-31-2024

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: WorkQuest  
Address: 1011 E 53 1/2 St  
Austin, TX 78751

Supplier/Payee ID: 1741976051

CPA ID#: 84202

FY24 CWF Position 80949 Physician II  
Job Class #: 4437

Current/Previous reference PO #: HHSTX-3-298580  
Number of contractors requested: 1

District Number: 14

Job Title: Physician II (Pos. #80949)

Rate: Expert: \$191.92

Name of Temp(s) (if known): Phillip Matar

**Job Description:**

A State Agency Medical Consultant (SAMC) is a licensed physician (medical or osteopathic doctor) in the State of Texas, hired by and reporting to the Social Security Administration (SSA) state Disability Determination Services (DDS) Medical Consultant Services Division. The SAMC is responsible for making accurate and timely physical and/or mental disability determinations on SSA disability claims based on SSA disability regulations. DDS employees perform all business functions for SSA, using the federal SSA network and equipment. Homeland Security Presidential Directive (HSPD)-12 security clearance is required.

**Knowledge, Skills, and Abilities:**

Must be licensed as a physician (medical or osteopathic doctor) by the State of Texas.

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-4-0000324282</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> 6943 - Austin:6101 E Oltorf HEALTH & HUMAN SERVICES COMMISSION 6101 E Oltorf Austin TX 78741 United States
			<b>Page</b> 2

**Vendor:** 1741976051 1  
WORKQUEST  
1011 E 53RD 1/2 ST  
AUSTIN TX 787511703  
United States

**Bill To:** Invoice-HHSC Accounting  
HEALTH & HUMAN SERVICES COMMISSION  
4601 W Guadalupe St  
Austin TX 78751  
United States

**Fax:** 512/424-6901  
**Email:** HHSC\_AP@hhsc.state.tx.us

**Purchaser:** Augustus, Wendlyn Denett

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

Duties include: Performing highly advanced disability determination medical case reviews ensuring the Social Security disability case is fully documented; all significant facts are reflected in the determination; conflicting evidenced is reconciled; the conclusion reached is sound and rational; the weight given to the evidence is explained; the reasoning and thought process followed in evaluating the evidence are reflected; and the effect of the impairment(s) on the disability applicant's work capacity is clearly indicated. Work is performed under limited supervision, with considerable latitude for the use of initiative and judgment.

Work Hours: 8:00 AM to 5:00 PM

Work Days: Monday-Friday

Work Hours per Week: 40 Hrs.

Start Date: 09/01/2023

End Date: 08/31/2024

Department: DPPS-MCS  
Street Address (Report-to Worksite Location):  
HHSC/DDS  
6101 E. Oltorf Street  
City/State/Zip: Austin, TX 78741  
Bldg/Room#:

Is parking available? Y/N- yes

Supervisor:  
Name: Elizabeth Castillo  
Phone: 512-437-8135  
Email: Elizabeth.castillo@ssa.gov

Additional/Alternate Contact  
Name: Donna Aleman  
Phone: 512-437-8873  
Email: donna.aleman@ssa.gov

Contact: Donna Aleman  
Phone: 512-437-8873  
Email: donna.aleman@ssa.gov

Accounts Payable Contact  
Name: Gloria Rodriguez  
Phone: 512-437-5021  
Email: Gloria.rodriguez@ssa.gov

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-4-0000324282</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> 6943 - Austin:6101 E Oltorf HEALTH & HUMAN SERVICES COMMISSION 6101 E Oltorf Austin TX 78741 United States
			<b>Page</b> 3

**Vendor:** 1741976051 1  
WORKQUEST  
1011 E 53RD 1/2 ST  
AUSTIN TX 787511703  
United States

**Bill To:** Invoice-HHSC Accounting  
HEALTH & HUMAN SERVICES COMMISSION  
4601 W Guadalupe St  
Austin TX 78751  
United States

**Fax:** 512/424-6901  
**Email:** HHSC\_AP@hhsc.state.tx.us

**Purchaser:** Augustus,Wendlyn Denett

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

Health Human Services Commission  
Mail Code: 3500  
4900 N. Lamar Blvd.  
Austin, TX 78751  
Bill to Code: 3500  
Medical Social Services Division

DDS Contact: Donna Aleman  
Email: donna.aleman@ssa.gov  
Phone: 512-437-8873  
Invoice Address: DDS.TX.S49.ESO@ssa.gov

Final Destination: Ngan-Chi Doan  
Email: DDS.TX.S49.AP@ssa.gov  
Phone: 512-437-8641

Regional Contact: Mike Pierulla - South Texas Region  
Phone: 512-834-8242 Cell: 512-699-0575  
E-mail: mpierulla@workquesttx.com  
CC: tempservicepo@workquesttx.com

PCS Purchaser:  
Wendlyn Augustus  
wendlyn.augustus@hhs.texas.gov

Per contract at no additional charge, we request a standard DPS criminal history check. However, criminal background checks, which utilize sources other than or in addition to DPS and for areas beyond Texas, are available upon request at an additional fee of \$25.00 for each personnel. This additional charge should be included on the purchase order as requested.

1-1	09/01/2023-09/30/2023 Position 80949, Temp Services, Physician II, Expert	962-69	168.00	HR	191.92000	\$32,242.56	09/01/2023
-----	--	--------	--------	----	-----------	-------------	------------

**Schedule Total**                     \$32,242.56

**Item Total for Line 1**                     \$32,242.56

2-1		962-69	872.00	HR	191.92000	\$167,354.24	10/01/2023
-----	--	--------	--------	----	-----------	--------------	------------

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-4-0000324282</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> 6943 - Austin:6101 E Oltorf HEALTH & HUMAN SERVICES COMMISSION 6101 E Oltorf Austin TX 78741 United States
			<b>Page</b> 4

**Vendor:** 1741976051 1  
WORKQUEST  
1011 E 53RD 1/2 ST  
AUSTIN TX 787511703  
United States

**Bill To:** Invoice-HHSC Accounting  
HEALTH & HUMAN SERVICES COMMISSION  
4601 W Guadalupe St  
Austin TX 78751  
United States

**Fax:** 512/424-6901  
**Email:** HHSC\_AP@hhsc.state.tx.us

**Purchaser:** Augustus, Wendlyn Denett

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

10/01/2023-08/31/2024 Position 80949,  
Temp Services, Physician II, Expert

**Schedule Total**           \$167,354.24

**Item Total for Line 2**           \$167,354.24

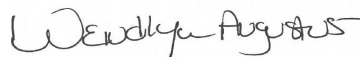
**Total PO Amount** \$199,596.80

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**



**08/07/2023**