

# Department of State Health Services

## 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-4-0000326255</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> 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States
			<b>Page</b> 1

**Vendor:** 1870578776 2  
APEX EDI INC  
556 TECHNOLOGY AVE  
OREM UT 84097-6210  
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:** Wright, Byron Carl 512/406-2512

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

FY24 funding

SP/E

Requisition 225412 Pricing per Quote 292365 PO Service Dates 09/01/2023 to 08-31-2024 Goods and/or services are to be delivered and invoiced after September 1, 2023

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

APEX EDI INC  
Larry Jentzsch  
larry.jentzsch@therapybrands.com

Agency contact

Gabriela Soto  
Gabriela.Soto@dshs.texas.gov

PCS contact

Byron Wright CTCD  
Purchaser V  
Procurement and Contracting Services  
512-406-2512  
Byron.Wright@hhs.texas.gov

1-1	APEX Monthly Allotment - up to 100 claims	615-11	12.00	EA	59.00000	\$708.00	09/01/2023
-----	---	--------	-------	----	----------	----------	------------

**Schedule Total**                     \$708.00

# Department of State Health Services

## 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-4-0000326255</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> 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States
			<b>Page</b> 2

**Vendor:** 1870578776 2  
APEX EDI INC  
556 TECHNOLOGY AVE  
OREM UT 84097-6210  
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:** Wright, Byron Carl 512/406-2512

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
APEX quote for FY 24.							
<b>Item Total for Line 1</b>						\$708.00	
2-1	APEX additional claims - over threshold of 100 claims per month	615-11	1000.00	EA	.48000	\$480.00	09/01/2023
<b>Schedule Total</b>						\$480.00	
<b>Item Total for Line 2</b>						\$480.00	
<b>Total PO Amount</b>						\$1,188.00	

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**

*Byron Wright, CTO*

**08/17/2023**