

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-4-0000327238
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 1
			Ship To: 4546 - Austin:1100 W 49th St (DBGL) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States

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: Mullan,Susan

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY24 funding

IT/D

Requisition 224373 Solicitation Informal 0000224373A

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.

DIR exemption: Approval Notification for Exemption Request Waiver Number WA-06-23-12148 - Case Number 00090837

Vendor contact

VID: 1870578776

Apex EDI

Laron Mcgrew

laron.mcgrew@therapybrands.com

Agency contact

Megan Sim

512-695-4040

Megan.Sim@dshs.texas.gov

PCS contact

Susan Mullan

Department of State Health Services

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			Page 2

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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512-406-2575

susan.mullan@hhs.texas.gov

1-1	SERVICE TO PROCESS BILLING CLAIMS FOR AUSTIN LAB. FLAT RATE FOR UP TO 2500 CLAIMS/MONTH FROM SEPTEMBER 2023/AUGUST 2024. MUST BE EQUIVALENT TO APEX'S CLAIMS-FLATRATE"	209-11	12.00	MOS	700.00000	\$8,400.00	09/01/2023
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Schedule Total \$8,400.00

Item Total for Line 1 \$8,400.00

2-1	ADDITIONAL CLAIMS OVER PLALN FOR AUSTIN LAB (ESTIMATED). MUST BE EQUIVALENT TO APEX'S "CLAIMS-FLAT-RATE" AND WOULD BE ADDED TO THE MONTHLY FEE ABOVE OF \$700/MONTH.	209-11	1.00	LOT	3128.64000	\$3,128.64	09/01/2023
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Schedule Total \$3,128.64

Item Total for Line 2 \$3,128.64

3-1	PAPER CLAIMS FOR AUSTIN LAB (ESTIMATED). MUST BE EQUIVALENT TO APEX'S "CLAIMS PAPER".	209-11	1.00	LOT	17.28000	\$17.28	09/01/2023
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Schedule Total \$17.28

Item Total for Line 3 \$17.28

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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 3
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Purchaser: Mullan,Susan

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
4-1	SERVICE TO PROCESS CLAIMS FOR HARLINGEN LAB FO 200 CLAIMS/MONTH FROM SEPTEMBER 2023 TO AUGUST 2024. MUST BE EQUIVALENT TO APEX'S "CLAIMS-FLATRATE".	209-11	12.00	MOS	189.00000	\$2,268.00	09/01/2023
Schedule Total						\$2,268.00	
Item Total for Line 4						\$2,268.00	
5-1	ADDITIONAL CLAIMS OVER PLAN FOR HALINGEN LAB (ESTIMATED) MUST BE EQUIVALENT TO APEX'S "CLAIMS-PAPER".	209-11	1.00	LOT	103.68000	\$103.68	09/01/2023
Schedule Total						\$103.68	
Item Total for Line 5						\$103.68	
Total PO Amount						\$13,917.60	

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

Susan Mullan, CEO, CEM.

08/26/2023