Health and Human Services Commission

Purchase Order

Dispatch via Print

\$210.00

Payment Ter	rms Freight Terms	Ship Via			
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-4	4-0000338485
specifications	by informal bid, Invitation for Offer, or Ros, terms, and conditions set forth in the adv	vertisement and vendor's	Date 02/12/24	Revision	Page 1
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.			Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States	
Vendor:	1812380735 8 AAPC HOLDINGS LLC AAPC PO BOX 124048 DALLAS TX 753124048 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

Exempt Reason: N/A

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

FY24 funding

SP/E

Requisition 0000253857 - Rachel Roedl AAPC Membership Renewal. Customer # 01525247. Order Number 04730934_06308

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 Information: AAPC Holdings LLC, DBA AAPC

Vendor Contact Name: AAPC Member Services

Vendor Contact Email: info@aapc.com Vendor Contact Phone: 801-236-2200

Vendor Contact Billing Address: PO Box 124048, Dallas, TX 75312-4048

Agency Contact Information: Texas Health Human Services Commission, Office of Policy, Medical Dental Benefits Policy

Agency Contact Name: Stanley Stumph

Agency Contact Email: stanley.stumph@hhs.texas.gov

Agency Contact Phone: 512-438-4651

Agency Contact Address: 701 W 51st St, Mail Code H310, Austin, TX 78751

PCS contact Charles Manning

charles.manning@hhs.texas.gov

1-1 963-64 1.00 EA 210.00000 \$210.00 02/12/2024

Renewal Membership - Individual - Rachel Roedl

Schedule Total

Rachel Roedl AAPC Membership Renewal. Customer # 01525247. Order Number 04730934_06308 Requisition approved by Rachel's Manager V Sarah Gonzaga.

Vendor Contact Information: AAPC Holdings LLC, DBA AAPC

Vendor Contact Name: AAPC Member Services

Vendor Contact Email: info@aapc.com

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Te		Ship Vi	ia				00000405
Net 30	Prepaid & Allow	BEST V	VAY	Purchase Order		HHSTX-4-00	00338485
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 02/12/24	Revision		
				Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSIO 1111 W North Loop Austin TX 78756 United States		MMISSION
Vendor:	1812380735 8 AAPC HOLDINGS LLC AAPC PO BOX 124048 DALLAS TX 753124048 United States			Bill To:	Invoice-HHSC Accounting HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States		MMISSION
				Fax: Email:	512/424-6901 HHSC_AP@hhsc	.state.tx.us	
Exempt Rea	ason: N/A			Purchaser:	Manning,Charles	s	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Vendor Con	tact Phone: 801-236-2200						

Vendor Contact Billing Address: PO Box 124048, Dallas, TX 75312-4048

Agency Contact Information: Texas Health Human Services Commission, Office of Policy, Medical Dental Benefits Policy

Agency Contact Name: Stanley Stumph

Agency Contact Email: stanley.stumph@hhs.texas.gov

Agency Contact Phone: 512-438-4651

Agency Contact Address: 701 W 51st St, Mail Code H310, Austin, TX 78751

Item Total for Line 1 Total PO Amount

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	
Charles Man	02/12/2024