

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms No Shipment Involved	Ship Via NO SHIP	Purchase Order HHSTX-3-0000302082
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 10/06/22
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States
			Page 1

Vendor: 1741744089 2
SOUTH LIMESTONE HOSPITAL DISTRICT
THE WESLEYAN SKILLED NURSING AND REHABILITATION
701 MCCLINTIC DR
GROESBECK TX 76642-2128
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: Mckelvy,Michael

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 funding
PO funding term: 10-06-2022 to 08-31-2023
PM/PCC EX/O - Legal Cite_Direct Award
Requisition 0000208422
Contract HHS001264100026
Contract Term: 09-01-2022 to 08-31-2027 No Renewals

Unilateral Contract: Attached Terms and Conditions apply to this Purchase Order.

This purchase is the result of PCS436 Radiologists

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 08-31-2023 are automatically canceled.

Vendor contact
1741744089
South Limestone Hospital District
Cathy Knouse
254-729-3281 ext. 2102
CKnouse@LMCHospital.com

Agency contact and/or Contract manager
Amanda Mendez
512-776-2785
Amanda.Mendez@DSHS.Texas.Gov

PCS contact
Mike McKelvy; CTCD, CTCM
512-406-2579
Mike.McKelvy@HHS.Texas.Gov

1-1	FY23-RLHO TB-South Limestone Hospital District, DBA Limestone Medical Center-FY23 Funding Add-Services to provide medical evaluation	948-74	1.00	EA	1250.00000	\$1,250.00	10/06/2022
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and management in Texas for patients with suspected/confirmed tuberculosis-09/01/2022-08/31/2023

Schedule Total \$1,250.00

Contract_ID: HHS001264100026 Contract Line: 0 Release: 1

Item Total for Line 1 \$1,250.00

Total PO Amount \$1,250.00

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  CTCO, CTCM	10/06/2022
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