## AGENDA ITEM REQUEST FORM

## Hays County Commissioners Court Tuesdays at 9:00 AM

Request forms are due in Microsoft Word Format via email by 2:00 p.m. on Wednesday.

A	G	F	N	D	A	I.	TΙ	ΞΙ	VI

Authorize the County Judge to sign renew San Marcos Medical Imaging	al agreement between the	Hays	County Local Hea	alth Department and		
ITEM TYPE MEETING DATE			AMOUNT REQUIRED			
CONSENT	April 2, 2013		See Summary			
LINE ITEM NUMBER						
120-675-99-022-5448			5			
	AUDITOR USE ONLY					
AUDITOR COMMENTS:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
PURCHASING GUIDELINES FOLLOWED:	AUDITOR REVIEW: BILL HERZOG					
REQUESTED BY			SPONSOR	CO-SPONSOR		
Garza	INGALSBE N/A					
SUMMARY				,		
This is an agreement between the Hays C interpretation of one and two view chest X per interpretation. This agreement is a reluntil terminated by either party.	-Rays for the Tuberculosis	(TB)	program at a rate	not to exceed \$15.00		

San Marcos Medical Imaging P.O. Box 1005 San Marcos, Texas 78667-1005 Telephone: 512/396-8565

Fax: 512/396-8567 Tax ID#74-2900160

The State of Texas County of Hays

WHEREAS, the State of Texas, acting by and through the Hays County Local Health Department hereinafter referred to as the Receiving Party, has the responsibility for the treatment, cure, prevention, eradication and control of tuberculosis in Hays County; and

WHEREAS, San Marcos Medical Imaging located in Hays County, Texas hereinafter referred to as the Performing Party has the trained personnel and the facilities to furnish the services listed below for the use of the Receiving Party in its Tuberculosis Control Program for treatment of indigent residents of Hays County.

NOW, therefore, pursuant to the spirit and intent of this agreement, the Performing Party as an independent contractor agrees to render the following services, and the Receiving Party agrees to pay for such services on the following terms and conditions.

- The Performing Party at the request of and approval by the TB Control Division of Hays County Local Health Department or their designated representative shall furnish to the Receiving Party the following services to be used in the diagnosis and treatment of tuberculosis.
- 2. The Receiving Party agrees to pay for the above mentioned services at a rate not to exceed: Interpretation of One view & Two view Chest X-Rays \$15.00
- 3. Billings for services rendered by the Performing Party shall be submitted to the Hays County Local Health Department within ten (10) days following the month in which the services were rendered.
- 4. This contract and agreement will become effective upon the date of proper signature hereto attached and continue in effect for 2 years, and/or until terminated by either party, and upon the execution of this contract, all previous or presently existing contracts and agreements for services in the diagnosis and treatment of tuberculosis between these parties are immediately and automatically cancelled.

Either party may cancel and terminate this agreement by giving the other party written Notice to become effective thirty (30) days from the receipt of said notice.

## San Marcos Medical Imaging P.O. Box 1005 San Marcos, Texas 78667-1005 Telephone: 512/396-8565

Fax: 512/396-8567 Tax ID#74-2900160

THIS AGREEMENT, made and entered into this the day of April, 2013, by and Between the Hays County Personal Health Department and San Marcos Medical Imaging in Hays County, Texas.						
RECEIVING PARTY HAYS COUNTY LOCAL HEALTH DEPARTMENT	PERFORMING PARTY SAN MARCOS MEDICAL IMAGING					
Bert Cobb, MD Hays County Judge	Darci Richardson Office Manager					