

## Exhibit C

### Payment for Services Provided

#### A. Payment, Budget Amount and Rates

HHSC will pay the Contractor for the contracted services invoiced in accordance with the terms and conditions of this Contract.

The Contractor is solely responsible for paying all expenses incurred in providing the services under this Contract. HHSC will not pay or reimburse for any per diem, travel, meals, hotel, equipment, phone calls, paper, reproductive services, office space, clothing, medical supplies, or other expenses related to the performance of the contracted services herein.

The ordering Facility will pay for services in accordance with the rate(s) submitted in **Exhibit B**. Rates are all-inclusive and no other charges are authorized.

#### B. Submittal of Invoices

The Contractor may only invoice HHSC for services performed that were requested, approved, provided, and accepted by HHSC, based on the authorized budget amounts or rates agreed upon under this Contract at the time of invoice submittal.

To receive payment, the Contractor must submit a detailed invoice with supporting documentation. Invoices shall include a copy of the Facility-approved timesheet and the corresponding rate document(s) (i.e., Attachment I of the Contract) within the time frames established under the preceding paragraph in a secure, non-alterable digital format (.pdf is acceptable) by electronic mail directly to the ordering Facility's regional accounting office with a courtesy copy to the HHSC Contract Representative.

It is recommended the Contractor use the following naming convention for the subject line of invoice submission email: "Invoice Submission. Contractor's Legal Name, HHSC Contract No., Invoice No., Invoice Amount, and Months Year." Alternative submission arrangements must be approved in writing by the designated HHSC Contract Representative.

Each invoice must comply with standards set forth in Rule 20.487 of Title 34, Part 1, Chapter 20, Subchapter F, Division 1 of Texas Administrative Code and include:

- Contractor's legal name;
- Contractor's Texas identification number or federal tax identification number;
- Contractor's address;
- Contractor's telephone number;
- Contractor's invoice number;
- State agency contract number;
- State agency purchase order number (if applicable);
- State agency and division name;
- Detailed description of services and/or goods provided;
- Date(s) of service;

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- Hours and rates being billed that correspond to the amount of the invoice;
- The name and telephone number of a person designated by the Contractor to answer questions regarding the invoice; and
- Documentation supporting the services, and substantiating costs incurred for the invoice being submitted including, but not limited to, the record of time reviewed and approved by an authorized Facility representative with signature authority.

Contractor shall submit the final invoice no later than ninety (90) calendar days following the termination or expiration date of this Contract.

### **C. Dispute of Invoices**

Notwithstanding anything to the contrary in this Contract, HHSC may withhold payment of any charges that it disputes in good faith and may off-set amount(s) the Contractor owes HHSC or the State of Texas as credits against charges payable to the Contractor under this Contract.

### **D. Verification of Invoices**

HHSC reserves the right to verify the details set forth in the Contractor's invoices, either before or after payment, by requesting any additional information HHSC deems necessary to support the invoiced amount. If HHSC determines that revisions to the invoice are necessary, then Contractor shall resubmit the invoice to HHSC.

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