



P.O. Box 839999, San Antonio, Texas 78283-3999

H-E-B Pharmacy Agreement to Administer Immunizations for Williamson County

I. Overview

H-E-B Pharmacy (H-E-B) will provide immunizations to Williamson County (EMPLOYER) employees on agreed-upon clinic dates. H-E-B will supply licensed and certified personnel to perform immunizations and will supply all vaccine, medical supplies, and personal protective equipment (PPE) to be worn by its staff. EMPLOYER will provide certain supports for infection control and safety as outlined below or will pay the indicated fee. Benefit eligibility will be verified at the time of service through an employee identification process agreed to by EMPLOYER. H-E-B will provide immunizations to non-eligible employees and guests through individual payment at the discounted price offered to EMPLOYER.

II. Pricing**

H-E-B will offer the following vaccines for EMPLOYER clinic(s). Your H-E-B Pharmacy contact can explain the difference in product to you. Once the vaccines are selected, H-E-B will provide the vaccinations to EMPLOYER employees either through insurance billing or invoicing arrangement as outlined below. Vaccinations billed to EMPLOYER insurance will be billed via claims submission at the prevailing insurance contract rate between EMPLOYER insurance and H-E-B. For vaccinations invoiced to EMPLOYER, H-E-B will extend the following rates:

# of shots	Flu Vaccine price per dose
0-40	\$43.00
41-100	\$42.00
101-200	\$41.00
201+	\$40.00

Additional vaccines will be offered at the following rates:

Vaccine Type	Price Per Dose
COVID-19	\$155
Flu Vaccine for ages 65+	\$98
Other (ex. Flu Vaccine for ages 65+, Pneumonia, Shingles, etc.)	Price upon request

** The discounted rates shown are contingent on EMPLOYER granting exclusive rights to H-E-B to execute vaccination clinics at the sites designated below for the period from August 1, 2024 through January 31, 2025, meeting the clinic minimum of 30 shots per hour on site, and availability of vaccine. Volume and/or other discounts may apply. Any clinic that does not meet the minimum of 30 doses administered will be charged the difference between \$1170 and the actual amount billed for doses administered. Your H-E-B representative is available to discuss in more detail. H-E-B may change the pricing set forth herein at any time to reflect changes in supply and/or procurement costs and/or other changes in the market upon 30 days' prior written notice to you.

III. Product selection

EMPLOYER has selected (check all that apply) flu vaccine flu vaccine for those over 65
 COVID-19 vaccine Other (specify): _____

IV. Infection Control

H-E-B will supply



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- PPE for its staff
- Hand sanitizer for participant use during clinic
- Virucidal, germicidal cleaning supplies to sanitize the clinic workspace

V. Termination for Convenience: This agreement may be terminated at any time at the option of either party, without future or prospective liability for performance upon giving thirty (30) days written notice thereof. In the event of termination, Customer will only be liable for its pro rata share of services rendered and goods actually received.

VI. Texas Prompt Payment Act Compliance: Payment for goods and services shall be governed by Chapter 2251 of the Texas Government Code. An invoice shall be deemed overdue the 31st day after the later of (1) the date Customer receives the goods under the contract; (2) the date the performance of the service under the contract is completed; or (3) the date the Williamson County Auditor receives an invoice for the goods or services. Interest charges for any overdue payments shall be paid by Customer in accordance with Texas Government Code Section 2251.025. More specifically, the rate of interest that shall accrue on a late payment is the rate in effect on September 1 of Customer’s fiscal year in which the payment becomes due. The said rate in effect on September 1 shall be equal to the sum of one percent (1%); and (2) the prime rate published in the Wall Street Journal on the first day of July of the preceding fiscal year that does not fall on a Saturday or Sunday.

VII. Clinic Scheduling

Site	Date	Est Total Shots	Est # children <18
100 Wilco Way #101 Georgetown, TX 78626	9/27/2023 from 9am-2pm	200	

VIII. Billing - For each question below, please check your response and fill in the corresponding blanks

1. **Services paid on-site at time of service?**

- Yes No Proceed to # 2

2. **H-E-B bill insurance electronically (claims submission)?**

- Yes No Proceed to #3

Insurance Name: _____

BIN, PCN, Group: _____

Group #: _____

3. **H-E-B bill INSURANCE via invoice after clinic completion?**

- Yes No Proceed to #4

Insurance Name: _____

Where to mail invoice? _____

Billing Contact: Name: _____



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Phone: _____

Email: _____

Billing requirement: (i.e. Do you need employee names, employee signature, copay, etc)

4. H-E-B Bill EMPLOYER via invoice after clinic completion?

Yes

Where to mail invoice? Williamson County

100 Wilco Way #101

Georgetown, TX 78626

Billing Contact: Name: Shelley Loughrey

Phone: 512-943-1604

Email: sloughrey@wilco.org

Billing requirement: (i.e. Do you need employee names, employee signature, etc)

No Proceed to #5

5. Billing requirements/notes not mentioned in items 1-5? Example: Does your company require a vendor set-up process?

IX. Acknowledgement. I, the undersigned am authorized to make billing and payment arrangements on behalf of Williamson County for the provision of immunizations by H-E-B Pharmacy. I understand and agree that participant shots will be invoiced by H-E-B in the manner described above, including the minimum dose requirement (applies if less than 30 shots per hour). I understand if payment is not received within 60 days of service, H-E-B will bill the participant directly.

For Williamson County **Print Name** _____
Sign _____
Date _____

For H-E-B **Print Name** Gretta Leckbee, RPh
Sign Gretta Leckbee
Date 7/8/2024

Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
H-E-B, LP

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Other (see instructions) ▶ **Limited Partnership**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Apply to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
646 S. Flores

6 City, state, and ZIP code
San Antonio, TX 78204

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

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OR

Employer identification number

7	4	-	3	0	1	0	6	5	7
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶ 

Date ▶ **1/18/2024**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.