



COMMISSIONERS COURT COMMUNICATION

REFERENCE NUMBER _____

PAGE 1 OF 4

DATE: 05/02/2023

**SUBJECT: APPROVAL OF SUBMISSION OF THE PAYMENT TERMS AND
METHOD FORM TO AMERISOURCEBERGEN TO REQUEST A
PAYMENT TERM CHANGE**

***** CONSENT AGENDA *****

COMMISSIONERS COURT ACTION REQUESTED

It is requested that the Commissioners Court approve the submission of the Payment Terms and Method form to AmerisourceBergen to request a payment term change.

BACKGROUND

On April 18, 2017, the Commissioners Court, through Court Order #125017, approved AmerisourceBergen as the Supplemental 340B Prescription Drug Distributor for the Public Health Department's 340B program. This action included approval of a written agreement between AmerisourceBergen and Tarrant County.

Payment terms for AmerisourceBergen currently require semi-monthly payments. Net 30 terms were not available at the time the agreement was created. The Payment Term and Method form is required by AmerisourceBergen to request consideration of term revisions.

With approval, the Payment Terms and Method form will be submitted to AmerisourceBergen for consideration of Net 30 terms for payment by Tarrant County.

The AmerisourceBergen Payment Terms and Method form is attached for approval and signature. The Criminal District Attorney's Office reviewed this document as to form.

FISCAL IMPACT

There is no fiscal impact associated with this item.

SUBMITTED BY:	Purchasing	PREPARED BY: APPROVED BY:	Gwen Peterson, C.P.M., A.P.P. Chris Lax, CPSM, CPSD, CPCP
---------------	------------	------------------------------	--