

**AGENDA PLACEMENT FORM**

(Submission Deadline – Monday, 5:00 PM before Regular Court Meetings)

**Date:** April 16, 2026  
**Meeting Date:** April 27, 2026  
**Submitted By:** Jim Simpson  
**Department:** Co Attys Office for Shrf Ofc  
**Signature of Elected Official/Department Head:**  
Jim Simpson Asst. Co. Atty



**Description:**  
Consideration for approval and authorization for Judge to sign Agreement with  
UTSouthwestern Medical Center Dallas for payment for certain medical services  
for an inmate.

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(May attach additional sheets if necessary)

**Person to Present:** Ben Arriola / David Blankenship / Jim Simpson

(Presenter must be present for the item unless the item is on the Consent Agenda)

**Supporting Documentation:** (check one)     PUBLIC     CONFIDENTIAL

(PUBLIC documentation may be made available to the public prior to the Meeting)

**Estimated Length of Presentation:** 5 minutes

**Session Requested:** (check one)

Action Item     Consent     Workshop     Executive     Other \_\_\_\_\_

**Check All Departments That Have Been Notified:**

County Attorney     IT     Purchasing     Auditor  
 Personnel     Public Works     Facilities Management

Other Department/Official (list) Sheriff's Office - Ben Arriola / David Blankenship

**Please List All External Persons Who Need a Copy of Signed Documents  
In Your Submission Email**



**LETTER OF AGREEMENT FOR HEALTH CARE SERVICES**

This Letter of Agreement (Agreement) effective 03/14/2026., is entered into by and between The University of Texas Southwestern Medical Center at Dallas (UTSWMC), located at 5323 Harry Hines Blvd., Dallas, Texas 75390-9013, and PAYOR, Johnson County, a political subdivision of the State of Texas, for the delivery of health care services by the UTSWMC Faculty (PHYSICIAN) and UTSWMC University Hospital (UTSWUH) for

A Johnson County Jail Inmate; for services provided prior to the effective date of this Agreement.

In consideration of the mutual promises and consideration set forth herein, the parties agree as follows:

1. UTSWMC PHYSICIAN and UTSWUH will arrange for the delivery and provision of health care services and treatment of the PAYOR member.
2. PAYOR agrees to reimburse UTSWMC PHYSICIAN and UTSWUH for health care services rendered according to the Attachment A Compensation Schedule, attached hereto and incorporated herein by reference.
3. UTSWMC PHYSICIAN and UTSWUH will independently bill PAYOR within ninety-five (95) days of the date services are rendered.
4. PAYOR agrees to make payment in full to UTSWMC PHYSICIAN and UTSWUH for all covered services provided pursuant to the terms of this Agreement within forty-five (45) days of receipt of claim for such services. PAYOR further agrees that any deposit of partial payments for services rendered shall not constitute an accord and satisfaction, nor will it preclude any efforts to fulfill payment obligations under this Agreement. Any language on the Member's insurance card that contradicts this agreement is expressly waived. PAYOR understands and agrees this is a stand- alone agreement that supersedes their Plan benefits.
5. UTSWMC PHYSICIAN and UTSWUH agree to accept the compensation identified in Attachment A as payment in full for all covered services provided by UTSWUH and PHYSICIAN and will not seek additional payment from the Inmate or PAYOR
6. PAYOR further agrees that, in the event payment is not remitted to UTSWMC PHYSICIAN or UTSWUH within forty-five (45) days of receipt of claim, this Letter of Agreement will become null and void and 100% of billed charges will be payable by PAYOR.
7. If UTSWMC is not in receipt of an executed copy of this agreement by 5-15-26., this agreement shall be considered null and void.
8. All claims shall be submitted by UTSWMC to:

Johnson County Indigent Health Care  
1800 Ridgemar Drive  
Cleburne, TX 76031

This Agreement shall cover all PHYSICIAN and UTSWUH services provided by UTSWMC to the above stated member for this episode of care. This shall include but not be limited to in-patient hospital and physician professional services, any required medical procedures, and all follow-up services. Services

delivered during this episode of care will not require any further authorization and above-mentioned payor agrees no denials or post-payment audits will apply. Any request for adjustment or refund will not precede payment and an advance notification to UTSWMC.

The parties understand and agree that this Agreement and the health care information of the Member is subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the administrative regulations and/or guidance that has been issued or may in the future be issued pursuant to HIPAA, including, but not limited to, the Department of Health and Human Services regulations on privacy and security, and Texas laws pertaining to disclosure of protected health care information and privacy (collectively, "Privacy and Security Laws"). The parties agree to comply with all Privacy and Security Laws that are applicable to this Agreement and to negotiate in good faith to execute any amendment to this Agreement that is required for the terms of this Agreement to comply with applicable Laws. In the event the parties are unable to agree on the terms of an amendment pursuant to this paragraph within thirty (30) days of the date the amendment request is delivered by one party to the other (the "Renegotiation Period"), this contract may be terminated by either party upon written notice to the other party.

Subject to the limitations of the Texas Constitution and the Texas Tort Claims Act, PAYOR will indemnify and hold UTSWMC, UTSWUH, and PHYSICIAN harmless from all liabilities, costs, and damages arising out of or any manner connected with the non-compliance with the Privacy Laws by PAYOR, its employees, and agents.


This Agreement shall be governed and construed in accordance with the Constitution and laws of the State of Texas without regard to choice of law principles, and the venue for all disputes arising under this Agreement between the parties shall be in a court of competent jurisdiction in Dallas County, Texas.


This Agreement is not intended to create nor shall be construed to create any relationship between the parties other than that of independent entities contracting with each other solely for the purpose of carrying out the provisions of this Agreement. This Agreement, and described attachments hereto, constitutes the entire agreement between the parties and shall not be modified or amended except in writing executed by an authorized representative of the parties hereto. Neither party shall assign or delegate any right or duty under this Agreement without the prior written consent of the other party.

Each party to this Agreement warrants and represents that it has the full power and authority to enter into this Agreement, and that the person signing this Agreement on behalf of either party warrants and represents that he or she has been duly authorized and empowered to enter into this Agreement on behalf of such party.

**Johnson County Texas**

**The University of Texas Southwestern  
Medical Center at Dallas**

  
By: \_\_\_\_\_  
Christopher Boedeker

  
By: \_\_\_\_\_  
**Mark Meyer, CFO, Health System**

**Title: Johnson County Judge**

**Date:** 4/16/2026

**Date** 4-27-26

**UT Southwestern Medical Center PHYSICIAN  
Tax ID Number: 75-6002868**

**UT Southwestern University Hospital  
Tax ID Number: 75-3175630**

ATTACHMENT A  
TO THE LETTER OF AGREEMENT FOR HEALTH CARE SERVICES  
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS  
COMPENSATION SCHEDULE FOR HOSPITAL AND PHYSICIAN SERVICES

A Johnson County Jail Inmate; for services provided prior to the effective date

All care provided by UT Southwestern providers and facility relating to transfer of care for higher  
level of service

Effective date: 03/14/2026

All UTSW providers billing under Tax ID 75-6002868

Facility: UT Southwestern University Hospital  
NPI: 1285798918

**All Physician services (professional) and all Hospital services (technical) shall be reimbursed at eighty percent (80%) of providers billed charges. Payor agrees that reimbursement will not be at 80% of payors UCR, but 80% of providers actual billed charges.**

**All Payments for Physician services billed under Tax Identification number 75-6002868, should be made payable to The University of Texas Southwestern Medical Center and should be sent to the address noted below:**

**The University of Texas Southwestern Medical Center  
P.O. Box 845347  
Dallas, Texas 75284-5347**

**All Payments for Hospital services billed under Tax Identification number 75-3175630, should be made payable to The University of Texas Southwestern Medical Center and should be sent to the address noted below:**

**The University of Texas Southwestern Medical Center  
UT Southwestern University Hospital  
P.O. Box 849928  
Dallas, Texas 75284-9928**