



**JOSÉ R. RODRÍGUEZ**  
COUNTY ATTORNEY

EL PASO COUNTY, TEXAS  
COUNTY COURTHOUSE  
500 E. SAN ANTONIO, ROOM 503  
EL PASO, TEXAS 79901

(915) 546-2080  
FAX: (915) 546-2133

2009 APR 30 AM 10:46

COUNTY ATTORNEY  
JOSE R. RODRIGUEZ

April 30, 2009

William C. Foote, MD  
**Attention: Claims Representative**  
5959 Gateway West, Suite 120  
El Paso, Texas 79925

*Via Fax: (915) 771-6558*


RE: Inmate Medical Bills

Dear Sir/Madam:

I have been authorized to offer you Medicaid rates for the medical services provided to inmate(s) as listed on the attached page. The original invoice(s) for the services is a total of \$80.00. The **medicaid rate for these services is \$13.10**. If this is acceptable, your authorized representative is requested to sign below to acknowledge your approval. Once signed, please fax to my office so this matter can be placed on Commissioner's Court for approval. Once approved, the County Auditor will issue a check.

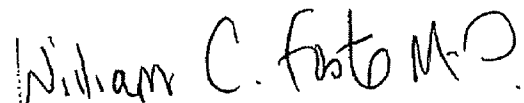
Should you have any questions or comments, please call my assistant Irma Murillo.

Sincerely,

  
**RALPHE. GIRVIN, JR.**  
Assistant County Attorney  
/irm

APPROVED:

  
\_\_\_\_\_  
REPRESENTATIVE (signature)

  
\_\_\_\_\_  
PRINT NAME

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William Footc, MD  
April 30, 2009

CA No.	Inmate Name	Date of Service	Acct. No	Amount Billed	Reimbursement
LC-09-043(IN)		9/28/2008 9/28/2008	020435	\$40.00	\$6.55
LC-08-149(IN)		11/2/2008 11/2/2008	021613	\$40.00	\$6.55
				Total:	\$13.10