



JOSÉ R. RODRÍGUEZ
EL PASO COUNTY ATTORNEY
500 EAST SAN ANTONIO
ROOM 503, COUNTY COURTHOUSE
EL PASO, TEXAS 79901

(915) 546-2050
FAX: (915) 546-2133

April 30, 2009

Manuel Lopez, M.D.
ATTN: Billing Representative
10470 Vista Del So, Suite 208
El Paso, Texas 79925

Via fax: 584-6547

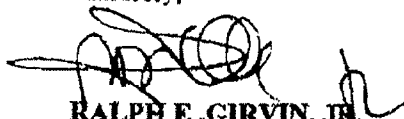
RE: Inmate Services

Dear Sir/Madam:

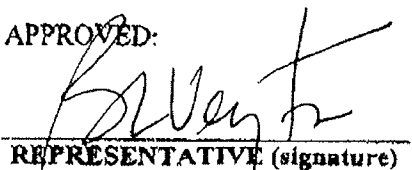
I have been authorized to offer you Medicaid rates for the medical services provided to the inmate(s) listed on the attached page. The original invoice(s) for the services is a total of \$822.00. The medicaid rate for these services is \$219.25. If this is acceptable, your authorized representative is 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.

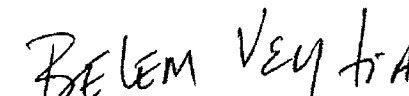
Should you have any questions or comments, please feel free to give me a call.

Sincerely,


RALPH E. GIRVIN, JR.
Assistant County Attorney

APPROVED:


REPRESENTATIVE (signature)


PRINT NAME

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Manuel Lopez, MD
April 30, 2009

CA No.	Inmate Name	Date of Service	Acct. No	Amount Billed	Reimbursement
LC-07-068(IN)		12/6/2007 12/11/2007	BARRAZ0003	\$822.00	\$219.25
				Total:	\$219.25