



**JOSÉ R. RODRÍGUEZ**  
EL PASO COUNTY ATTORNEY  
300 EAST SAN ANTONIO  
ROOM 303, COUNTY COURTHOUSE  
EL PASO, TEXAS 79901

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

April 30, 2009

Anesthesia Consultants Assoc.  
**ATTENTION: Medical Billing Representative**  
P.O. Box 920701  
El Paso, Texas 79902

**RE: Inmate Care Medical Billings**

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 \$3,604.00. The medicaid rate for these services is \$1,884.40. 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.

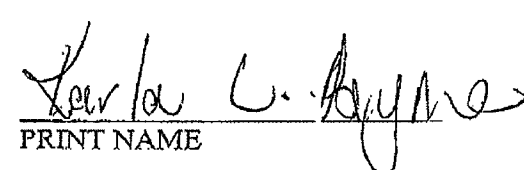
Should you have any questions or comments, please feel free to give me a call.

Sincerely,

  
**RALPH E. GIRVIN, JR.**  
Assistant County Attorney

APPROVED:

  
REPRESENTATIVE'S SIGNATURE

  
PRINT NAME

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Anesthesia Consultants  
April 30, 2009

CA No.	Inmate Name	Date of Service	Acct. No	Amount Billed	Reimbursement
LC-08-138(TN)		10/16/2008 10/16/2008	168300	\$3,604.00	\$1,884.40
				Total:	\$1,884.40