



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

(915) 546-2050
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April 30, 2009

Desert Pathology
ATTENTION: Claims Representative
P.O. Box 740968
El Paso, Texas 79925

Via facsimile: (903) 453-2524

RE: Inmate Care Invoices


Dear Claims Representative:

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 **\$214.85**. **The medicaid rate for these services is \$220.06**. 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.


256.20

Should you have any questions, please feel free to call my assistant, Irma Murillo.

Sincerely,


RALPH E. GIRVEN, JR.
Assistant County Attorney
/imm

APPROVED:


REPRESENTATIVE (signature)

Tamara Tramell
PRINT NAME

MAY-01-2009 FRI 08:06 AM

FAX NO.

P. 03

04/30/2009 09:22 FAX

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CA No.	Inmate Name	Date of Service		Acct. No	Amount Billed	Reimbursement
LC-09-042(IN)		10/21/2008	10/21/2008	918058844	\$92.65	\$80.25
LC-09-042(IN)		10/21/2008	10/21/2008	918058844	\$22.90	\$18.64
LC-09-043(IN)		9/28/2008	9/28/2008	918058099	\$38.35	\$31.66
LC-08-149(IN)		11/2/2008	11/2/2008	918059374	\$60.95	\$54.94
LC-08-138(IN)		10/23/2008	10/23/2008	918058920	\$41.35	\$34.57
					Total:	\$220.06