



JOSÉ R. RODRÍGUEZ
COUNTY ATTORNEY

EL PASO COUNTY, TEXAS
COUNTY COURTHOUSE
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EL PASO, TEXAS 79901

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FAX: (915) 546-2133

June 23, 2008

El Paso Heart Center, PA
ATTENTION: Billing Representative
101 Rim Road, Suite 300
El Paso, Texas 79902

Via Fax (915) 532-1663

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 \$265.00. The **medicaid rate for these services is \$90.56**. If this is acceptable, you or 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.

If you can also provide me with a fax number, I would greatly appreciate it. Should you have any questions or comments, please feel free to give me a call.

Sincerely,

DANIEL ORDOÑEZ
Assistant County Attorney

APPROVED:

Pat Hopson
REPRESENTATIVE (signature)

Pat Hopson / Collections
PRINT NAME
Rep.

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El Paso Heart Center
June 23, 2008

CA No. Inmate Name
Reimbursement
LC-07-078(IN)

Date of Service	Acct. No	Amount Billed
12/6/2007 12/6/2007	1260610 1	\$265.00 \$90.56
		Total: \$90.56