



**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 24, 2009

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

*Via fax: 532-1663*

RE: INMATE INVOICES

Dear Claims Representative:

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 \$715.00. **The medicaid rate for these services is \$294.77.** 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.

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

Sincerely,

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

APPROVED:

  
REPRESENTATIVE (signature)

Pat Hopson / Collections  
PRINT NAME

4-27-09

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CA No.	Inmate Name	Date of Service	Acct. No	Amount Billed	Reimbursement
LC-08-088(IN)		7/9/2008 7/10/2008	128713 0 1	\$715.00	\$294.77
				Total:	\$294.77