



JOSÉ R. RODRÍGUEZ
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EL PASO, TEXAS 79901

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April 30, 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 \$2,930.00. **The medicaid rate for these services is \$929.96.** 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.

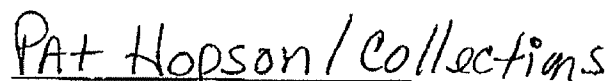
Should you have any questions or comments, please call my assistant Irma Murillo.

Sincerely,


RALPH E. GIRVIN, JR.
Assistant County Attorney

APPROVED:


REPRESENTATIVE (signature)


PRINT NAME

04/30/2009 09:29 FAX

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El Paso Heart Center
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CA No.	Inmate Name	Date of Service		Acct. No	Amount Billed	Reimbursement
LC-09-018(IN)		12/8/2008	12/8/2008	1 26795 0 4	\$2,135.00	\$602.68
LC-09-018(IN)		12/8/2008	12/8/2009	1 26795 0 4	\$75.00	\$37.37
LC-09-044(IN)		4/23/2008	4/23/2008	1 27772 0 1	\$720.00	\$289.91
					Total:	\$929.96