



JOSÉ R. RODRÍGUEZ
COUNTY ATTORNEY

EL PASO COUNTY, TEXAS
COUNTY COURTHOUSE
505 E. SAN ANTONIO, ROOM 503
EL PASO, TEXAS 79901

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

April 30, 2009

Questcare Medical Services, PA
Attention: Claims Department
P.O. Box 201611
Dallas, Texas 75320-1611

via email: danag@questservice.com

RE: INMATE BILLS

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 \$455.00. The **medicaid rate for these services is \$93.79**. 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 feel free to give me a call.

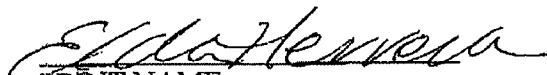
Sincerely,

Ralph E. Girvin, Jr.

RALPH E. GIRVIN, JR.
Assistant County Attorney

APPROVED:


REPRESENTATIVE (signature)


PRINT NAME

2009 APR 30 PM 2:53

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Questcare Medical Services
April 30, 2009

CA No.	Inmate Name	Date of Service		Acct. No	Amount Billed	Reimbursement
LC-09-043(TN)		9/28/2008	9/28/2008	15066481	\$455.00	\$93.79
					Total:	\$93.79