



**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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COUNTY ATTORNEY  
JOSÉ R. RODRÍGUEZ  
2009 MAY -5 AM 9:54

April 30, 2009

Rio Grande Diagnostic Imaging  
ATTENTION: Claims Representative  
P.O. Box 101957  
Fort Worth, Texas 76185-1957

Via facsimile (817) 731-7774

**RE: Inmate Care Medical Billings**

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 \$148.0. The medicaid rate for these services is \$30.56. 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.

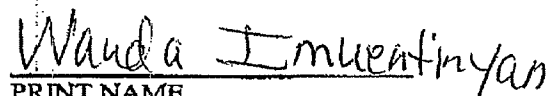
Should you have any questions or comments, please call my assistant, Irma Murillo.

Sincerely,

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

APPROVED:

  
REPRESENTATIVE (signature)

  
PRINT NAME

05/05/2009 10:53

LONESTAR HEALTHCARE SOLUTIONS

(FAX) 817+731+7774

P. 002/002

04/30/2009 09:33 FAX

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Page Two

Rio Grande Diagnostic Imaging[El Paso]  
April 30, 2009

CA No.	Inmate Name	Date of Service		Acct. No	Amount Billed	Reimbursement
LC-09-044(IN)		4/23/2008	4/23/2008	4515290	\$37.00	\$7.64
LC-08-138(IN)		10/23/2008	10/23/2008	5104700	\$37.00	\$7.64
LC-08-138(IN)		10/16/2008	10/16/2008	5222270	\$37.00	\$7.64
LC-08-138(IN)		10/12/2008	10/12/2008	5099710	\$37.00	\$7.64
					<b>Total:</b>	<b>\$30.56</b>