



JOSÉ R. RODRÍGUEZ
COUNTY ATTORNEY

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

(915) 546-2050
FAX: (915) 546-3133

April 30, 2009

Rio Grande Pathology Services
ATTENTION: Billing Representative
P.O. Box 740968
Dallas, Texas 75374

Via Facsimile: (903) 453-2524

RE: INMATE BILLS

Dear Sir/Madam:

I have been authorized to offer you Medicaid rates for the medical services provided to inmate(s) listed on attached page. The original invoice(s) for the services is a total of \$92.65. The Medicaid rate for these services is \$80.25. 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 payment approval. Once approved, the County Auditor will issue a check.

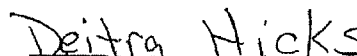
Should you have any questions or comments, please feel free to give me a call.

Sincerely,


RALPH E. GIRVIN, JR.
Assistant County Attorney

APPROVED:


REPRESENTATIVE (Signature)


PRINT NAME

Page Two

Rio Grande Pathology
April 30, 2009

CA No.	Inmate Name	Date of Service	Acct. No	Amount Billed	Reimbursement
LC-08-044(IN)		11/23/2008 11/23/2008	861093208	\$92.65	\$80.25
				Total:	\$80.25