

EL PASO COUNTY, TEXAS COUNTY COURTHOUSE 500 E. SAN ANTONIO, ROOM 503 EL PASO, TEXAS 79901

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

> > April 27, 2009

Southwest ENT Consultants 5959 Gateway West, Suite 120 El Paso, Texas 79925

Attention: Billing Representative

Dear Sir/Madam:

I have been authorized to offer you Medicaid rates for the medical services provided to in \$286.00. The medicaid rate for these services is \$101.00. 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.

Sincerery

AIPH E. GIRVIN, JR

Assistant County Attorney

APPROVED:

EPRESENTATIVE (signature)

Kovin E. Bright M.D.

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Date of Service		Acct. No	Amount Billed	
9/15/2008	9/15/2008	011158	\$286.00	\$101.00
			\$101.00	•
	•		pate of position	Date of Service /teat 10

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