



JOSÉ R. RODRÍGUEZ
EL PASO COUNTY ATTORNEY
500 EAST SAN ANTONIO
ROOM 303, COUNTY COURTHOUSE
EL PASO, TEXAS 79901

(915) 546-2090
FAX: (915) 546-2133

April 24, 2009

Southwest Eye Institute
ATTENTION: Billing Representative
1400 Common Drive
El Paso, Texas 79936

Via fax: 595-4460

RE: Inmate Medical Invoices

Dear Sir/Madam:

I have been authorized to offer you Medicaid rates for the medical services provided to the inmate(s) listed on the attached page. The original invoice(s) for the services is a total of \$400.00. **The Medicaid rate for these services is \$135.75.** 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.

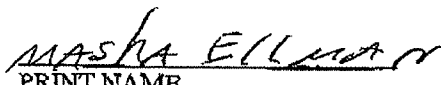
Should you have any questions or comments, please call my assistant, Irma Murillo.

Sincerely,


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

APPROVED:


REPRESENTATIVE (signature)


PRINT NAME

04/28/2009 10:21 9155954460
04/24/2009 10:14 FAX

SOUTHWEST EYE INST

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Southwest Eye Institute
April 24, 2009

CA No.	Inmate Name	Date of Service	Acct. No	Amount Billed
LC-09-030(IN)	Reimbursement	2/4/2009 2/4/2009	19215-14213 \$400.00	\$135.75
Total:				\$135.75

