



JOSÉ R. RODRÍGUEZ
COUNTY ATTORNEY

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

(915) 546-2070
FAX: (915) 546-2133

April 14, 2008

Henry C. Costa, M.D.
ATTENTION: Audrey Ochoa
7806 Gateway East, Suite 100
El Paso, Texas 79915

Via facsimile: 592-6889

RE: Inmate Care Medical Billings

Dear Ms. Ochoa:

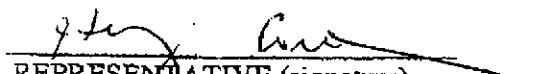
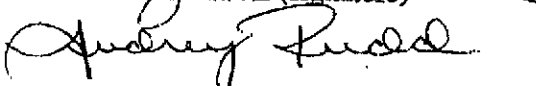
I have been authorized to offer you Medicaid rates for the medical services provided to inmate(s) as listed on the attached page. The original invoice(s) for the services is a total of \$230.00. The **medicaid rate for these services is \$79.10**. If this is acceptable, you or your authorized representative are 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,


DANIEL ORDONEZ
Assistant County Attorney

APPROVED:


REPRESENTATIVE (signature)


HENRY COSTA MD
PRINT NAME
Audrey Rudd

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Henry C. Costa, MD
April 14, 2008

CA No.	Inmate Name	Date of Service	Acct. No	Amount Billed	Reimbu
LC-07-057(IN)	[REDACTED]	5/16/2007 5/19/2007	45640	\$230.00	\$79.10
				Total:	\$79.10