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**JOSÉ R. RODRÍGUEZ**  
COUNTY ATTORNEY

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

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

546-2133

April 14, 2008

Paul Resignato, DPM  
Attention: Billing Representative  
P.O. Box 3192  
El Paso, Texas 79923

Via facsimile: 564-0667

RE: INMATE BILLS

Dear Sir/Madam:

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 \$2,280.00. The medicaid rate for these services is \$595.15. 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.

Sincerely,

DANIEL ORDONEZ  
Assistant County Attorney

APPROVED:

Paul Resignato, DPM  
REPRESENTATIVE (signature)

PAUL RESIGNATO, DPM  
PRINT NAME

Page Two

Paul Resignato, DPM  
April 14, 2008

CA No.	Inmate Name	Date of Service		Acct. No	Amount Billed	Reimbursement
LC-07-036(IN)	[REDACTED]	12/4/2007	12/4/2007	HERRI001	\$450.00	\$113.47
LC-08-017(IN)	[REDACTED]	6/13/2007	6/13/2007	OCHMA000	\$425.00	\$142.10
LC-08-018(IN)	[REDACTED]	12/18/2007	12/18/2007	PINED000	\$745.00	\$170.47
LC-08-019(IN)	[REDACTED]	12/18/2007	12/18/2007	SANHE000	\$660.00	\$169.11
Total:					\$595.15	