



**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

April 17, 2008

Schechter and Blumenfeld, P.A.  
**ATTENTION: Susie**  
1220 N. Oregon  
El Paso, Texas 79902

*Via facsimile: 533-6685*

**RE: Inmate Care Medical Billings - corrected**

Dear Susie:

I have been authorized to offer you Medicare rates for the services provided to inmate(s) as listed on the attached page. The original invoice(s) for the services is a total of \$808.00. **The Medicare rate for these services is \$465.25.** 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 ORDOÑEZ**  
*Assistant County Attorney*

APPROVED:

*W R Schecht*  
REPRESENTATIVE (signature)

David Schechter  
PRINT NAME

Page Two

Schechter and Blumenfeld  
April 17, 2008

CA No.	Inmate Name	Date of Service	Acct. No	Amount Billed	Reimbursement
LC-07-092(IN)	[REDACTED]	12/28/2007 12/28/2007	137291/78441	\$260.00	\$127.18
LC-07-092(IN)	[REDACTED]	11/28/2007 11/28/2007	134710/78441	\$260.00	\$127.18
LC-08-016(IN)	[REDACTED]	3/26/2007 3/26/2007	114913/62568	\$110.00	\$89.63
LC-08-020(IN)	[REDACTED]	12/28/2007 12/28/2007	137334 79623	\$178.00	\$121.26
				Total:	\$465.25