



JOSÉ R. RODRÍGUEZ
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EL PASO, TEXAS 79901

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April 14, 2008

Murray M. Vann, MD PA
ATTENTION: Anita
10400 Vista Del Sol, Suite 204
El Paso, Texas 79925

Via Facsimile: (915) 590-0332

RE: Inmate Billings

Dear Anita:


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 \$762.00. The medicaid rate for these services is \$264.87. 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 ORDÓÑEZ
Assistant County Attorney
/mm

APPROVED:


REPRESENTATIVE (signature)


Print Name

FAXED
4/14/08

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CA No.	Inmate Name	Date of Service		Acct. No	Amount Billed	Reimbursement
LC-08-012(IN)	[REDACTED]	12/4/2007	12/4/2007	15955	\$452.00	\$129.84
LC-08-013(IN)	[REDACTED]	11/20/2007	11/20/2007	15911	\$310.00	\$135.03
Total:					\$762.00	\$264.87