



JOSÉ R. RODRÍGUEZ
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ROOM 503, COUNTY COURTHOUSE
EL PASO, TEXAS 79901

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April 24, 2008

Desert Pathology
ATTENTION: Dee H.
P.O. Box 740968
El Paso, Texas 79925

Via facsimile: (903) 453-2524

RE: Inmate Care Invoices

Dear Dee:

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 \$211.10. The medicaid rate for these services is \$183.72. 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:


REPRESENTATIVE (signature)

Glen Friedman M.D.
PRINT NAME

Page Two

Desert Pathology
April 24, 2008

CA No.	Inmate Name	Date of Service	Acct. No	Amount Billed	Reimbursement
LC-08-027(IN)	[REDACTED]	1/8/2008 1/8/2008	918046340	\$45.95	\$39.94
LC-08-032(IN)	[REDACTED]	1/15/2008 1/15/2008	918046239	\$73.25	\$63.90
LC-08-032(IN)	[REDACTED]	1/15/2008 1/15/2008	918046566	\$45.95	\$39.94
LC-08-034(IN)	[REDACTED]	1/6/2008 1/6/2008	918046516	\$45.95	\$39.94
Total:				\$183.72	

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