



**JOSÉ R. RODRÍGUEZ**  
COUNTY ATTORNEY

EL PASO COUNTY, TEXAS  
COUNTY COURTHOUSE  
500 E. SAN ANTONIO, ROOM 301  
EL PASO, TEXAS 79901

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

April 14, 2008

Questcare Medical Services, PA  
Attention: **Billing Representative**  
P.O. Box 201611  
Dallas, Texas 75320-1611

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 \$1,045.00. **The medicaid rate for these services is \$195.84.** 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:

  
REPRESENTATIVE (signature)

  
PRINT NAME

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Questcare Medical Services  
April 14, 2008

CA No.	Inmate Name	Date of Service		Acct. No	Amount Billed	Reimb
LC-08-010(IN)	[REDACTED]	12/5/2007	12/5/2007	11491341	\$635.00	\$118.65
LC-08-027(IN)	[REDACTED]	1/8/2008	1/8/2008	11896351	\$410.00	\$77.19
Total:					\$195.84	