

04/24/2008 14:28 FAX

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**JOSÉ R. RODRÍGUEZ**  
EL PASO COUNTY ATTORNEY  
500 EAST SAN ANTONIO  
ROOM 501, COUNTY COURTHOUSE  
EL PASO, TEXAS 79901

(915) 546-2050  
FAX: (915) 546-2123

2008 APR 28 AM 9:19

April 24, 2008

Rio Grande Diagnostic Imaging  
ATTENTION: Wanda Imuentinyan  
P.O. Box 101957  
Fort Worth, Texas 76185-1957

Via facsimile (817) 731-7774

*RE: Inmate Care Medical Billings*

Dear Ms. Imuentinyan:

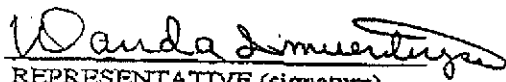
I have been authorized to offer you Medicaid rates for the medical services provided to inmate(s) as listed on the attached page. The original invoice(s) for the services is a total of \$425.00. The medicaid rate for these services is \$102.83. If this is acceptable, you or your authorized representative 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)

Wanda Imuentinyan  
PRINT NAME

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Rio Grande Diagnostic Imaging[El Paso]  
April 24, 2008

CA No.	Inmate Name	Date of Service	Acct. No	Amount Billed	Reimbursement
LC-07-068(IN)	[REDACTED]	12/4/2007 12/4/2007	4048050	\$425.00	\$102.83
				<b>Total:</b>	<b>\$102.83</b>