

04/14/2008 09:17 FAX

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JOSÉ R. RODRÍGUEZ
EL PASO COUNTY ATTORNEY
500 EAST SAN ANTONIO
ROOM 303, COUNTY COURTHOUSE
EL PASO, TEXAS 79901

(915) 546-2090
FAX (915) 546-2133

April 14, 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 \$185.00. The medicaid rate for these services is \$38.20. 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)

PRINT NAME

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Rio Grande Diagnostic Imaging[El Paso]
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CA No.	Inmate Name	Date of Service		Acct. No	Amount Billed	Reimbursement
LC-08-010(IN)	[REDACTED]	12/5/2007	12/5/2007	4036910	\$37.00	\$7.64
LC-07-068(IN)	[REDACTED]	11/29/2007	11/29/2007	4048020	\$37.00	\$7.64
LC-07-068(IN)	[REDACTED]	12/1/2007	12/1/2007	4048040	\$37.00	\$7.64
LC-07-068(IN)	[REDACTED]	11/30/2007	11/30/2007	4048030	\$37.00	\$7.64
LC-07-049(IN)	[REDACTED]	4/21/2007	4/21/2007	3254530	\$37.00	\$7.64
					Total:	\$38.20