



**JOSÉ R. RODRÍGUEZ**  
COUNTY ATTORNEY

EL PASO COUNTY, TEXAS  
COUNTY COURTHOUSE  
500 E. SAN ANTONIO, ROOM 503  
EL PASO, TEXAS 79901

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

April 24, 2008

Río Grande Pathology Services  
ATTENTION: Billing Representative  
P.O. Box 740968  
Dallas, Texas 75374

*Via Facsimile: (903)453-2524*


RE: INMATE BILLS

Dear Sir/Madam:

I have been authorized to offer you Medicaid rates for the medical services provided to inmate(s) listed on attached page. The original invoice(s) for the services is a total of \$31.70. The Medicaid rate for these services is \$25.31. 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 payment 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

APPROVED:

  
REPRESENTATIVE (Signature)

Deitra Hicks  
PRINT NAME

Page Two

Rio Grande Pathology  
April 24, 2008

CA No.	Inmate Name	Date of Service	Acct. No	Amount Billed	Reimbursement
LC-08-011(IN)	[REDACTED]	12/4/2007 12/4/2007	861076014	\$31.70	\$25.31

Total: \$25.31

Page 1

Rio Grande Pathology  
April 24, 2008

Page 1

Rio Grande Pathology  
April 24, 2008