

04/27/2009 08:28 FAX



**JOSÉ R. RODRÍGUEZ**  
EL PASO COUNTY ATTORNEY  
500 EAST SAN ANTONIO  
ROOM 502, COUNTY COURTHOUSE  
EL PASO, TEXAS 79901

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

April 27, 2009

Paul Resignato, DPM  
Attention: Billing Representative  
P.O. Box 3192  
El Paso, Texas 79923

Via facsimile: 564-5579

**RE: Inmate Care Invoices**

Dear Claims Representative:

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 \$745.00. The **medicaid rate for these services is \$257.50**. 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.

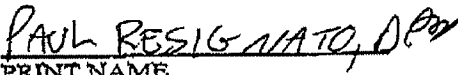
Should you have any questions or comments, please call my assistant Irma Murillo.

Sincerely,

  
**RALPH E. GIRVIN, JR.**  
Assistant County Attorney  
/im

APPROVED:

  
REPRESENTATIVE (signature)

  
PRINT NAME

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April 27, 2009

| CA No.        | Inmate Name | Date of Service     | Acct. No | Amount<br>Billed | Reimbursement |
|---------------|-------------|---------------------|----------|------------------|---------------|
| LC-09-037(IN) |             | 1/9/2009 1/9/2009   | GIOMA000 | \$660.00         | \$223.55      |
| LC-09-037(IN) |             | 1/22/2009 1/22/2009 | GIOMA000 | \$85.00          | \$33.95       |
|               |             |                     |          | Total:           | \$257.50      |