JOSÉ R. RODRÍGUEZ
EL PASO COUNTY ATTORNEY
500 EAST SAN ANTONIO
ROOM 503, COUNTY COURTHOUSE
EL PASO, TEXAS 79901

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

April 27, 2009

Via facsimile: 564-5579

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

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
/imm

APPROVED:

REPRESENTATIVE (signature)

PAUL RESIGNATO, DPM
PRINT NAME

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April 27, 2009

CA No.	Inmate Name	Date of Service		Acct. No	Amount 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