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 27, 2009

El Paso Pulmonary Association *Fax: 225-2194*
Attention: BILLING REPRESENTATIVE
1900 N. Oregon, Suite 610
El Paso, Texas 79902

RE: INMATE BILLS FOR SERVICES

Dear Sir/Madam:

I have been authorized to offer you Medicaid rates for the medical services provided to the inmate(s) listed on the attached page. The original invoice(s) for the services is a total of $3,995.00. **The medicaid rate for these services is $1,648.16.** If this is acceptable, 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.

If you have any questions, please do not hesitate to contact my assistant, Irma Murillo.

Sincerely,

RALPH E. GIRVIN, JR.
Assistant County Attorney
/imm

APPROVED:

REPRESENTATIVE (signature)

Isabel Valverde
PRINT NAME

Page Two

El Paso Pulmonary Association
April 27, 2009

CA No.	Inmate Name	Date of Service		Acct. No	Amount Billed	Reimbursement
LC-09-022(IN)		1/22/2009	1/25/2009	44873	$1,525.00	$644.80
LC-09-022(IN)		1/17/2009	1/19/2009	44873	$1,290.00	$551.43
LC-09-022(IN)		2/5/2009	2/6/2009	44873	$250.00	$86.20
LC-09-022(IN)		2/4/2009	2/4/2009	44873	$125.00	$45.48
LC-09-022(IN)		2/3/2009	2/3/2009	44873	$125.00	$45.48
LC-09-022(IN)		2/1/2009	2/2/2009	44873	$250.00	$90.96
LC-09-022(IN)		1/31/2000	1/31/2009	44873	$430.00	$183.81
			Total:		$1,648.16	