



JOSÉ R. RODRÍGUEZ
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EL PASO, TEXAS 79901

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April 24, 2009

Rio Grande Diagnostic Imaging
ATTENTION: Claims Representative
P.O. Box 101957
Fort Worth, Texas 76185-1957

Via facsimile (817) 731-7774


RE: Inmate Care Medical Billings

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 \$74.00. The medicaid rate for these services is \$15.28. 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.

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)


PRINT NAME

04/28/2009 16:19
04/24/2009 10:05 FAX

LONESTAR HEALTHCARE SOLUTIONS

(FAX) 817+731+7774

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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-09-031(IN)		12/28/2008 12/28/2009	5351360	\$37.00	\$7.64
LC-09-017(IN)		10/17/2008 10/17/2008	5098300	\$37.00	\$7.64
				Total:	\$15.28