JO ANNE BERNAL
COUNTY ATTORNEY

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

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

March 16, 2010

Hani Annabi, M.D.   *Fax: 544-6659*
ATTENTION: Billing Representative
615 E. Schuster, Suite 7
El Paso, Texas 79902

　　　　　　　　RE: Inmate Care Medical Billings - revised

Dear Sir or Madam:

　　　　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 **$615.00. The medicaid rate for these services is $248.09.** 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 and issuance of a check.

　　　　If you have any questions or comments, please contact my assistant, Irma Murillo.

　　　　　　　　　　　　Sincerely,

　　　　　　　　　　　　RALPH E. GIRVIN, JR.
　　　　　　　　　　　　Division Chief – Civil Unit

/imm
APPROVED:

_____   _____
REPRESENTATIVE (Signature)   Print Name Lily Rubio

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Dr. Hani Annabi
March 16, 2010

CA No. Reimbursement	Inmate Name	Date of Service		Acct. No	Amount Billed	
LC-10-028(IN)		1/19/2010	1/19/2010	17434	$200.00	$81.24
LC-10-018(IN)		1/5/2010	1/5/2010	17393	$200.00	$81.24
LC-10-030(IN)		1/13/2010	1/13/2010	17410	$215.00	$85.61
					Total:	$248.09