

Jun. 2. 2010 2:13PM

No. 5418 P. 2/3

(2)



JO ANNE BERNAL
COUNTY ATTORNEY

EL PASO COUNTY, TEXAS
COUNTY COURTHOUSE
500 E. SAN ANTONIO, ROOM 502
EL PASO, TEXAS 79901

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

June 2, 2010

Hani Annabi, M.D.
ATTENTION: Billing Representative
615 E. Schuster, Suite 7
El Paso, Texas 79902

Fax: 544-6659

RE: Inmate Care Medical Billings

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 \$915.00. The medicaid rate for these services is \$328.07. 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. CIRVIN, JR.
Division Chief - Civil Unit

/s/imm
APPROVED:


REPRESENTATIVE (Signature)


Print Name

JUN-14-2010 23:03 From:

To:5462133

Page:3/3

Jun. 2. 2010 2:13PM

No. 5418 P. 3/3

Page Two

Dr. Hani Annabi
June 02, 2010

CA No. Reimbursement	Inmate Name	Date of Service		Acct. No	Amount Billed	
LC-10-043(IN)		3/4/2010	3/4/2010	17434	\$850.00	\$294.12
LC-10-043(IN)		3/23/2010	3/23/2010	17434	\$65.00	\$33.95
Total:					\$328.07	