



**JO ANNE BERNAL**  
EL PASO COUNTY ATTORNEY  
500 EAST SAN ANTONIO  
ROOM 503, COUNTY COURTHOUSE  
EL PASO, TEXAS 79901

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

July 26, 2010

Cardiology Care Consultants  
**ATTENTION: Claims Representative**  
7814 Gateway East  
El Paso, Texas 79915

*Via facsimile: (915) 542-1351*

RE: INMATE 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 \$5,366.00. **The medicaid rate for these services is \$1,237.95.** 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.

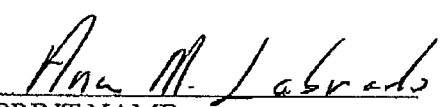
Sincerely,

  
**RALPH E. GIRVIN, JR.**  
Division Chief - Civil Unit

/imm

APPROVED:

  
REPRESENTATIVE (signature)

  
PRINT NAME

Page Two

Cardiology Care Consultants  
July 26, 2010

CA No.	Inmate Name	Date of Service	Acct. No	Amount Billed	Reimbursement
LC-10-048(IN)		3/16/2010 3/18/2010	179681	\$5,366.00	\$1,237.95
				Total:	\$1,237.95