

FROM

JUL 19 2010 01:04AM

(MON) JUL 19 2010 13:11/ST. 13:11/No. 7363017199 P 1

NO. 0004 1. 2



**JO ANNE BERNAL**  
COUNTY ATTORNEY

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

TEL: (915) 546-2153  
FAX: (915) 546-2153

COUNTY ATTORNEY  
JO ANNE BERNAL  
2010 JUL 19 PM 1:10

July 16, 2010

Keith R. Johnson, M.D.  
Attention: **Billing Representative**  
1300 Murchison, Suite 310  
El Paso, Texas 79902

*Via fax: 838-38891*

RE: Inmate Invoices

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 \$4,204.00. **The medical rate for these services is \$666.08.** 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 feel free to call my assistant, Irma Murillo.


Sincerely,

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

/s/imm

APPROVED:

  
REPRESENTATIVE (signature)

  
PRINT NAME

FROM

JUL 19 2010 0:24AM

(MON) JUL 19 2010 13:11/ST. 13:11/No. 7363017199 P 2

NO. 0204 1. 3

Page Two

Keith R. Johnson, MD

July 16, 2010

CA No.	Inmate Name	Date of Service	Acct. No	Amount Billed
LC-10-063(IN)		6/12/2010 6/12/2010	2878.11	\$4,204.00 \$666.08
Total:				\$666.08

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CA No.	Inmate Name	Date of Service	Acct. No	Amount Billed
Reimbursement				
LC-10-063(IN)		6/12/2010 6/12/2010	2878.11	\$4,204.00 \$666.08
Total:				\$666.08