



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

TEL: (915) 546-2050  
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July 16, 2010

Guillermo Pinzon, M.D.  
**ATTENTION: Billing Representative**  
1810 Murchison, Suite 40  
El Paso, Texas 79902

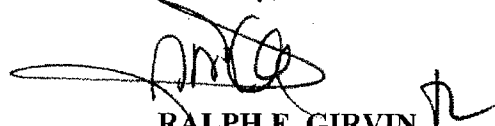
RE: INMATE INVOICES

Dear Representative:

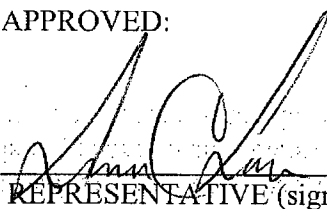
I have been authorized to offer you Medicaid rates for the medical services provided to inmate(s) as listed on the attached page. The original invoice(s) for the services is a total of \$210.00. **The medicaid rate for these services is \$53.47.** If this is acceptable, your authorized representative 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 feel free to give me a call.

Sincerely,

  
**RALPH E. GIRVIN**  
*Assistant County Attorney*

APPROVED:

  
REPRESENTATIVE (signature)

  
PRINT NAME

Page Two

Guillermo Pinzon, MD  
July 16, 2010

CA No.	Inmate Name	Date of Service		Acct. No	Amount Billed	Reimbursement
LC-10-021(IN)		11/7/2009	11/7/2009	HARTHO	\$210.00	\$53.47
					Total:	\$53.47