

Jul. 26. 2010 1:47PM

No. 6697 P. 2



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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(5)

2010 JUL 27 AM 8:02

COUNTY ATTORNEY
JO ANNE BERNAL

July 26, 2010

Paul Resignato, DPM
Attention: Billing Representative
P.O. Box 3192
El Paso, Texas 79923

Via facsimile: 564-5579

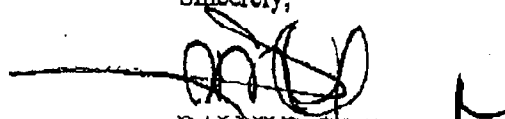
RE: Inmate Care Invoices

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 \$540.00. The medicaid rate for these services is \$164.60. 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.

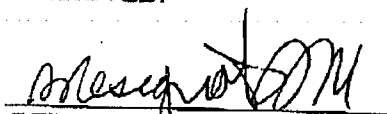
If you have any questions, please contact my assistant, Irma Murillo.

Sincerely,


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

/imm

APPROVED:


REPRESENTATIVE (signature)

PAUL RESIGNATO, DPM
PRINT NAME

Page Two

Paul Resignato, DPM
July 26, 2010

CA No.	Inmate Name	Date of Service		Acct. No	Amount Billed	Reimbursement
LC-10-062(IN)		6/21/2010	6/21/2010	AMAMA002 9867	\$85.00	\$33.95
LC-10-080(IN)		6/16/2010	6/16/2010	ESTAN0019826	\$210.00	\$62.88
LC-10-044(IN)		5/24/2010	5/24/2010	HERLU002 9694	\$95.00	\$22.59
LC-10-068(IN)		6/18/2010	6/18/2010	LANLU0009853	\$95.00	\$22.59
LC-09-039(IN)		7/30/2009	7/30/2009	PAEED000	\$55.00	\$22.59
					Total:	\$164.60