

Jun. 21. 2010 11:13AM



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

June 21, 2010

Murray M. Vann, MD PA
ATTENTION: Claims Representative
10400 Vista Del Sol, Suite 204
El Paso, Texas 79925

Via facsimile: 590-0332

RE: Inmate Billings

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 \$750.00. The medicaid rate for these services is \$253.26. If this is acceptable, you or 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.

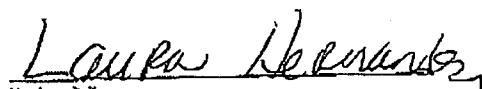
Sincerely,


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

/imm

APPROVED:


REPRESENTATIVE (signature)


Print Name

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Murray M. Vann, MD
June 21, 2010

CA No.	Inmate Name	Date of Service		Acct. No	Amount Billed	Reimbursement
LC-10-057(IN)		10/20/2009	10/20/2009	15710	\$95.00	\$38.32
LC-10-058(IN)		11/17/2009	11/17/2009	15990	\$400.00	\$83.83
LC-10-015(IN)		11/17/2009	11/17/2009	15991	\$120.00	\$63.37
LC-10-056(IN)		9/8/2009	9/8/2009	15237	\$135.00	\$67.74
					Total:	\$253.26