V023134

JO ANNE BERNAL
COUNTY ATTORNEY

EL PASO COUNTY, TEXAS
COUNTY COURTHOUSE
500 E. SAN ANTONIO, ROOM 503
EL PASO, TEXAS 79901

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

June 2, 2010

BMA Horizon Dialysis
ATTENTION: Claims Representative
P.O. Box 971367
Dallas, Texas 75397-1367

Via facsimile 210-682-0008

RE: Inmate Care Billings

Dear Sir/Madam:

I have been authorized to offer you a discounted rate 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 $4,258.44. **The rate for these services is $1,559.65.** 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.
Assistant County Attorney

APPROVED:

REPRESENTATIVE (signature)

Shirley Williams
PRINT NAME

BMA Horizon Dialysis
June 02, 2010

CA No.	Inmate Name	Date of Service		Acct. No	Amount Billed	Reimbursement
LC-10-032(IN)		2/26/2010	2/26/2010	100459	$4,198.11	$1,553.30
LC-10-032(IN)		2/24/2010	2/24/2010	100459	$60.33	$6.35
					Total:	$1,559.65