



JO ANNE BERNAL
COUNTY ATTORNEY

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

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COUNTY ATTORNEY
JO ANNE BERNAL
2010 JUL 16 PM 1:42

March 1, 2010

El Paso Optimum Health Center
Attention: **Billing Representative**
P.O. Box 961737
El Paso, Texas 79996-1737


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 \$460.00. **The medicaid rate for these services is \$174.72.** 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.

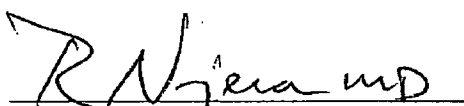
If you have any questions, please feel free to call my assistant, Irma Murillo.

Sincerely,


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

/imm

APPROVED:


REPRESENTATIVE (signature)
In EP Optimum Health Center

Raul A. Najera
PRINT NAME

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El Paso Optimum Health Center
March 01, 2010

CA No.	Inmate Name	Date of Service		Acct. No	Amount Billed	Reimbursement
LC-10-021(IN)		11/7/2009	11/8/2009	000591-00	\$460.00	\$174.72
Total:						\$174.72