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

Via facsimile 903/453-2524

Pathology Associates of El Paso
ATTENTION: Claims Representative
P.O. Box 744127
Dallas, Texas 75374
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 $914.30. **The medicaid rate for these services is $592.10.** 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 call my assistant, Irma Murillo.

Sincerely,

RALPH E. GIRVIN, JR.
Assistant County Attorney

/imm

APPROVED:

Belinda McManus
REPRESENTATIVE (signature)

BELINDA McMANUS 8-2-10
Print Name

Pathology Assc. of El Paso
July 16, 2010

CA No.	Inmate Name	Date of Service		Acct. No	Amount Billed	Reimbursement
LC-10-074(IN)		4/17/2010	4/20/2010	128157738	$325.20	$288.03
LC-10-074(IN)		4/23/2010	4/24/2010	128157785	$252.55	$212.45
LC-10-074(IN)		4/20/2010	4/20/2010	12708676	$288.00	$50.46
LC-10-070(IN)		4/11/2010	4/11/2010	128156762	$48.55	$41.16

Total: $592.10