



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

July 26, 2010

Providence Imaging Cons. PA
ATTENTION: Claims Representative
P.O. Box 920700
El Paso, Texas 79902

Via facsimile: 581-6940

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 \$431.00. The medicaid rate for these services is \$105.83. 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.

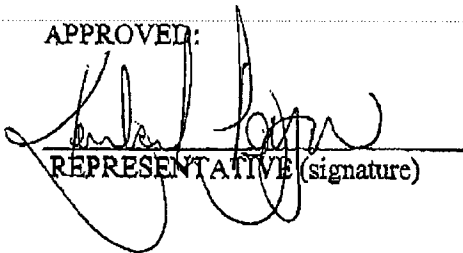
Should you have any questions or comments, please call my assistant, Irma Murillo.

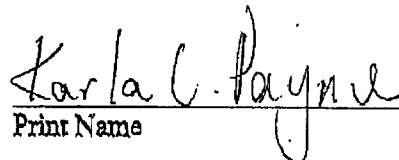
Sincerely,


RALPH E. GERVIN, JR.
Assistant County Attorney

/s/imm

APPROVED:


REPRESENTATIVE (signature)


Print Name

Page Two

Providence Imaging Consultants
July 26, 2010

CA No.	Inmate Name	Date of Service	Acct. No	Amount Billed	Reimbursement
LC-10-063(TN)		6/20/2010 6/20/2010	14328769	\$431.00	\$105.83
				Total:	\$105.83