



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

July 17, 2010

Questcare Medical Services, PA
Attention: Claims Department
P.O. Box 201611
Dallas, Texas 75320-1611

via email: danag@questservice.com

RE: INMATE BILLS

Dear Sir/Madam:

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 \$1,180.00. The **medicaid rate for these services is \$293.91**. 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 contact my assistant, Irma Murillo.

Sincerely,

Irma Murillo for

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

/imm

APPROVED:

A large, stylized handwritten signature in black ink, appearing to be "Crystal English", is written over the "APPROVED:" line and extends across the "REPRESENTATIVE (signature)" label.

REPRESENTATIVE (signature)

Crystal English
PRINT NAME

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Questcare Medical Services
July 16, 2010

CA No.	Inmate Name	Date of Service		Acct. No	Amount Billed	Reimbursement
LC-07-107(IN)		4/17/2010	4/17/2010	22384321	\$545.00	\$103.55
LC-10-012(IN)		11/8/2009	11/8/2009	20225581	\$635.00	\$190.36
					Total:	\$293.91