



JO ANNE BERNAL
EL PASO COUNTY ATTORNEY
500 EAST SAN ANTONIO
ROOM 303, COUNTY COURTHOUSE
EL PASO, TEXAS 79901

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

July 16, 2010

RADADVANTAGE
Attention: **Billing Representative**
P.O. Box 66938
St. Louis, MO 63166-6938

Via facsimile 586-412-4544

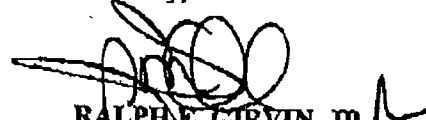
RE: Inmate Care Invoices

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 \$142.00. The medicaid rate for these services is \$33.82. 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.

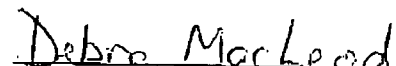
Sincerely,


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

/imm

APPROVED:


REPRESENTATIVE (signature)


PRINT NAME

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Radadvantage, LLC
July 16, 2010

CA No.	Inmate Name	Date of Service		Acct. No	Amount Billed	Reimbursement
LC-09-0103(IN)		1/29/2010	1/29/2010	332212961	\$39.00	\$9.27
LC-09-0105(IN)		1/29/2010	1/29/2010	332211541	\$39.00	\$9.27
LC-07-107(IN)		4/17/2010	4/17/2010	332281260	\$32.00	\$7.64
LC-10-012(IN)		11/8/2009	11/8/2009	332272340	\$32.00	\$7.64
					Total:	\$33.82