



**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

Sierra Providence East  
**ATTENTION: Claims Representative**  
P.O. Box 841779  
Dallas, Texas 75284

*Via fax: 214-387-6650*

**RE: Inmate Care Medical Billings**

Dear Ms. Helterhoff:

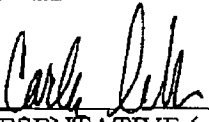
I have been authorized to offer you Medicaid rates for the medical services provided to inmate(s) as listed on the attached page. The original invoice(s) for the services is a total of \$181,552.27. **The medicaid rate for these services is \$29,048.38.** If this is acceptable, your authorized representative 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.

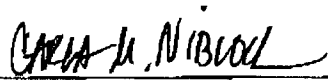
Should you have any questions or comments, please call my assistant, Irma Murillo.

Sincerely,

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

APPROVED:

  
\_\_\_\_\_  
REPRESENTATIVE (signature)

  
\_\_\_\_\_  
PRINT NAME

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Sierra Providence East  
July 16, 2010

CA No.	Inmate Name	Date of Service		Acct. No	Amount Billed	Reimbursement
LC-10-066(IN)		6/7/2010	6/9/2010	5012256343	\$48,345.81	\$7,735.33
LC-10-048(IN)		3/16/2010	3/19/2010	501071021	\$114,373.70	\$18,299.80
LC-10-070(IN)		4/11/2010	4/11/2010	501119077	\$3,470.30	\$555.25
LC-10-074(IN)		4/23/2010	4/24/2010	501142483	\$15,362.46	\$2,458.00
					Total: \$29,048.38	