



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

March 16, 2010

Sierra Medical Center
ATTENTION: Claims Representative
1625 Medical Center
El Paso, Texas 79902

RE: Inmate Care Medical Billings

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 \$93,443.02. **The medicaid rate for these services is \$14,941.27.** 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:

A handwritten signature in black ink, appearing to read "Carla M. Niblock".

REPRESENTATIVE (signature)

A handwritten signature in black ink, appearing to read "CARLA M. NIBLOCK".

PRINT NAME

Page Two

Sierra Medical Center
July 16, 2010

CA No.	Inmate Name	Date of Service	Acct. No	Amount	
				Billed	Reimbursement
LC-10-021(IN)		2/25/2010 - 3/2/2010	14015655	\$61,497.44	\$9,839.59
LC-10-021(IN)		2/11/2010 - 2/12/2010	13964815	\$31,811.13	\$5,089.78
LC-10-046(IN)		4/12/2010 - 4/12/2010	14146075	\$134.45	\$11.90
				Total:	\$14,941.27