



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

COUNTY ATTORNEY
JO ANNE BERNAL
2010 JUL 20 AM 11:47

Southwest Eye Institute
ATTENTION: Billing Representative
1400 Common Drive
El Paso, Texas 79936

Via fax: 595-4460

RE: Inmate Medical Invoices

Dear Sir/Madam:

I have been authorized to offer you Medicaid rates for the medical services provided to the inmate(s) listed on the attached page. The original invoice(s) for the services is a total of \$5,151.00. The Medicaid rate for these services is \$1,410.21. 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 call my assistant, Irma Murillo.


Sincerely,


RALPH E. GIRVIN JR.
Division Chief - Civil Unit

/imm

APPROVED:


REPRESENTATIVE (signature)


PRINT NAME

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Southwest Eye Institute
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CA No.	Inmate Name	Date of Service		Acct. No	Amount Billed	Reimbursement
LC-10-033(IN)		3/29/2010	3/29/2010	25520-35817	\$115.00	\$46.40
LC-10-033(IN)		5/10/2010	5/10/2010	25520-38064	\$115.00	\$46.40
LC-10-033(IN)		4/19/2010	4/19/2010	25520-36898	\$115.00	\$46.40
LC-10-045(IN)		3/30/2010	3/30/2010	25522-35894	\$1,239.00	\$281.81
LC-09-032(IN)		4/12/2010	4/12/2010	25338-36490	\$159.00	\$69.88
LC-09-032(IN)		5/3/2010	5/3/2010	25338-37684	\$3,008.00	\$783.57
LC-10-075(IN)		3/2/2010	3/2/2010	25521-34331	\$400.00	\$135.75
					Total:	\$1,410.21