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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

July 26, 2010

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

Via fax: 595-4460

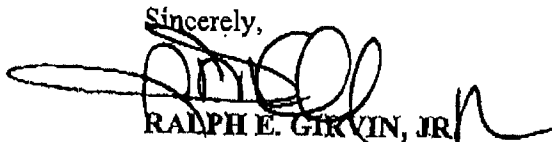
RE: Inmate Medical Invoices

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 \$2,836.00. The Medicaid rate for these services is \$775.56. 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
July 26, 2010

CA No.	Inmate Name	Date of Service	Acct. No	Billed Reimbursement	Amount
LC-09-088(IN)		5/26/2010 - 5/26/2010	21672-38996	\$793.00	\$249.45
LC-10-033(IN)		6/14/2010 - 6/14/2010	25520-39902	\$115.00	\$46.40
LC-10-045(IN)		6/22/2010 - 6/22/2010	9432190	\$1,928.00	\$479.71
Total:					\$775.56