



**JO ANNE BERNAL**  
EL PASO COUNTY ATTORNEY  
500 EAST SAN ANTONIO  
ROOM 903, COUNTY COURTHOUSE  
EL PASO, TEXAS 79901

TEL: (915) 546-2030  
FAX: (915) 546-2133

June 10, 2009

Southwest Retina Consultants  
**ATTENTION: Aida**  
1700 Curie, Suite 3800  
El Paso, Texas 79902

*Via fax: 542-3436*

**RE: Inmate Medical Bills - Revised**

Dear Aida:

I have been authorized to offer you Medicare 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 \$1,232.00. **The medicare rate for these services is \$1,201.28.** 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,

A handwritten signature in dark ink, appearing to read "Ralph E. Girvin Jr.", written over a horizontal line.  
**RALPH E. GIRVIN JR.**  
Assistant County Attorney

/imm

APPROVED:

A handwritten signature in dark ink, appearing to read "Aida Urros", written over a horizontal line.  
REPRESENTATIVE (signature)

A handwritten signature in dark ink, appearing to read "Aida Urros", written over a horizontal line.  
PRINT NAME

Jun. 10. 2010 11:03AM

No. 5674 P. 3

Page Two

Southwest Retina Consultants  
June 10, 2010

CA No.	Inmate Name	Date of Service	Acct. No	Billed	Amount Reimbursement
LC-10-021(IN)		2/11/2010 - 2/11/2010	96660-100200PU	\$1,232.00	\$1,201.28
Total:					\$1,201.28

2/18