

JUL 26 2010 2:10PM

No. 6701 P. 2/3

COUNTY ATTORNEY  
JO ANNE BERNAL

2010 JUL 26 PM 3:42

JO ANNE BERNAL  
EL PASO COUNTY ATTORNEY  
500 EAST SAN ANTONIO  
ROOM 503, COUNTY COURTHOUSE  
EL PASO, TEXAS 79901TEL: (915) 546-2050  
FAX: (915) 546-2133

FAXED

July 26, 2010

West Texas Radiology, PA  
ATTENTION: Claims Representative  
800 Rockmead Drive, #210  
Kingwood, Texas 77339

Via fax 281-359-7888

RE: Inmate Billings

Dear Claims Representative:

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 \$1,699.00. The medicaid rate for these services is \$262.94. 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.  
Assistant County Attorney

/im

APPROVED:

  
REPRESENTATIVE (signature)  
Print Name

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West Texas Radiology  
July 26, 2010

CA No.	Inmate Name	Date of Service		Acct. No	Amount Billed	Reimbursement
LC-10-066(IN)		6/8/2010	6/8/2010	5412	\$646.00	\$105.83
LC-10-066(IN)		6/7/2010	6/7/2010	5413	\$723.00	\$112.36
LC-10-066(IN)		6/6/2010	6/6/2010	5300	\$288.00	\$37.10
LC-10-066(IN)		6/6/2010	6/6/2010	5301	\$42.00	\$7.65
					Total:	\$262.94