



# Hidalgo County Health & Human Services Department

Dairen Sarmiento Rangel, M.B.A. | Director

1304 S. 25<sup>th</sup> Ave., Edinburg, TX 78542 · Tel: (956) 383-6221 · Fax: (956) 383-8864 · www.hchd.org

## Request for Indemnification

Date: 09/19/2025

To: Division Manager, Financial Accounting

From: [REDACTED]

Clinic: MISSION CLINC-07

The below listed client was undercharged on an applicable self-pay fee. Please approve the following indemnification amount to HCHHSD.

Date of Service: 08/01/2025

Expected Total Charge: \$ 30.00

Amount Charged: \$ 20.00

Amount Undercharged: \$ 10.00

Official County Fee Receipt #: 97198

Receipt Amount: \$ 20.00

Reason for Indemnification (Explain what transpired):

OVERLOOKED THE TOTAL AMOUNT OF VACCINES THAT WERE ADMINISTERED AT THE TIME

[REDACTED]

Clinic Staff Member (Name/Title)

[REDACTED]

Clinic RN Supervisor(Name/Title)

**For Billing Office Use Only** (First Initial/Last Name [REDACTED])

Treasurer's Receipt #: 306319 Date of Deposit: 8-1-25

Account #: 5-1100-227-30-000-026-0-000

**Please send a copy of the Request to the Billing Division.  
DO NOT EMAIL. USE INTER-OFFICE MAIL.**

RECEIVED  
Billing Division

SEP 22 2025