



Hidalgo County Health Human

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

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

Request for Indemnification

Date: 02/19/2026

To: Division Manager, Financial Accounting

From: Clarissa Sosa Clerk II

Clinic: 08 - Pharr Clinic

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

| | |
|--------------------------------|-------------------|
| Date of Service: | <u>02/13/2026</u> |
| Expected Total Charge: | <u>\$ 40.00</u> |
| Amount Charged: | <u>\$ 30.00</u> |
| Amount Undercharged: | <u>\$ 10.00</u> |
| Official County Fee Receipt #: | <u>107518</u> |
| Receipt Amount: | <u>\$ 30.00</u> |

RECEIVED
Billing Division

FEB 20 2026

Hidalgo County Health &
Human Services Department

Reason for Indemnification (Explain what transpired):

Staff failed to recall the new self-pay client fee schedule, which charges now \$10.00 for office visit. Therefore, staff made an undercharged on that date of service.

Clarissa Sosa Clerk II

Clinic Staff Member (Name/Title)

Clarissa Sosa Clerk II

Hermelinda Lopez RN Supervisor

Clinic RN Supervisor (Name/Title)

Hermelinda Lopez

For Billing Office Use Only (First Initial/Last Name _____)

Treasurer's Receipt #: _____

Date of Deposit: _____

Account #: _____

Please send a copy of the Request to the Billing Division.

DO NOT EMAIL. USE INTER-OFFICE MAIL.