



# Hidalgo County Health Human

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

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## 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>02/17/2026</u>
Expected Total Charge:	<u>\$ 50.00</u>
Amount Charged:	<u>\$ 40.00</u>
Amount Undercharged:	<u>\$ 10.00</u>
Official County Fee Receipt #:	<u>107531</u>
Receipt Amount:	<u>\$ 40.00</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)

Hermelinda Lopez RN Supervisor

Clinic RN Supervisor(Name/Title)

**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.**