



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.hchhds.org

Request for Indemnification

Date: 02/26/2026

To: Division Manager, Financial Accounting

From: Alma Cavazos-Clerk Mgr.

Clinic: Mission-07

RECEIVED
Billing Division
MAR 02 2026
Hidalgo County Health &
Human Services Department

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

Date of Service: 02/13/2026
Expected Total Charge: \$ 75.00
Amount Charged: \$ 70.00
Amount Undercharged: \$ 5.00
Official County Fee Receipt #: 98547/98550
Receipt Amount: \$ 75.00

Reason for Indemnification (Explain what transpired):

Service that was provided during the visit was unintentionally not charged, due to an oversight on the billing encounter.

Alma Cavazos-Clerk Manager

Clinic Staff Member (Name/Title)

Gracie Luna-Clinic 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.