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: 05/13/2026

To: Division Manager, Financial Accounting

From: JESSICA DE LA FUENTE Clinic: ELSA-03

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

Date of Service: 04/27/2026

Expected Total Charge: $ 65.00

Amount Charged: $ 45.00

Amount Undercharged: $ 20.00

Official County Fee Receipt #: 38155

Receipt Amount: $ 45.00

RECEIVED
Billing Division
MAY 15 2026
Hidalgo County Health & Human Services Department

Reason for Indemnification (Explain what transpired):

Client was undercharged in error.

Jessica DelaFuente CIKIII
Clinic Staff Member (Name/Title)

Oralia Umana LVN
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.