



Hidalgo County Health & Human Services Department

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: 07/28/2026

To: Division Manager, Financial Accounting

From: Ida Estrada

Clinic: Mcallen

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

Date of Service:	<u>07/27/2026</u>
Expected Total Charge:	<u>\$ 65.00</u>
Amount Charged:	<u>\$ 50.00</u>
Amount Undercharged:	<u>\$ 15.00</u>
Official County Fee Receipt #:	<u>92471</u>
Receipt Amount:	<u>\$ 50.00</u>

RECEIVED
Billing Division

JUL 29 2026

Hidalgo County Health &
Human Services Department

Reason for Indemnification (Explain what transpired):

I was at the front answering phone calls charging and scheduling appointments. After completing the TST scheduled, Jackie took it to the back so it could be attended quickly. In the process, I accidentally forgot to charge them.

Ida Estrada clerk II

Clinic Staff Member (Name/Title)

[Signature]

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.