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: 05/19/2026

To: Division Manager, Financial Accounting

From: Erika Martinez Clinic: Weslaco Clinic

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

RECEIVED
Billing Division
JUN 03 2026
Hidalgo County Health & Human Services Department

Date of Service: 05/14/2026

Expected Total Charge: $ 5.00

Amount Charged: $ 0.00

Amount Undercharged: $ 5.00

Official County Fee Receipt #: _____

Receipt Amount: $ 5.00

Reason for Indemnification (Explain what transpired):

Patient came in for FP services and was instructed in the back room that a PT was needed. As per MA, PA instructed MA to conduct a PT on patient. Front desk was not informed of charge. Charge was not indicated on billing encounter.

Erika Martinez CMA/MT
Clinic Staff Member (Name/Title)

Yolanda Alvarez RN
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.