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: 05/27/2026

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: 05/27/2026

Expected Total Charge: $ 140.00

Amount Charged: $ 105.00

Amount Undercharged: $ 35.00

Official County Fee Receipt #: 1004-ELS CO

Receipt Amount: $ 105.00

Reason for Indemnification (Explain what transpired):

Client came in as a new patient, I was not completely sure as to what was going to be charged. I asked the M.A that was here that day and she told me what was going to be done and went based on that.

Jessica de la Fuente CSA III
Clinic Staff Member (Name/Title)

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.