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: 8/19/26

To: Division Manager, Financial Accounting

From: Rose Mary Ochoa Clinic: Pharr Clinic

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

Date of Service: 7-30-26

Expected Total Charge: $55.00

Amount Charged: $50.00

Amount Undercharged: $5.00

Official County Fee Receipt #: 108410

Receipt Amount: $50.00

RECEIVED
Billing Division
AUG 20 2026
Hidalgo County Health & Human Services Department

Reason for Indemnification (Explain what transpired):

Record was not brought to the front to charge for Preg. test an error from Clinical staff.

Rose Mary Ochoa Clerk Manager
Clinic Staff Member (Name/Title)

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.