



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 HCHSD.

Date of Service: 7-23-26

Expected Total Charge: \$55.00

Amount Charged: \$50.00

Amount Undercharged: \$5.00

Official County Fee Receipt #: 108364

Receipt Amount: \$50.00

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
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.

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