

Georgia Department of Community Health
Revised SFY2019 Hospital Inpatient UPL - Notice of Intent to Transfer Form

Notice of Intent to Transfer form for Hospital UPL payment is **due by Wednesday, July 29, 2020.** Intergovernmental transfer for Hospital UPL payment is **due by Monday, August 3, 2020; by noon.**

Name of Governmental Unit Making IGT: _____

(IGT can only be accepted from hospital authorities or other governmental entities.)

Please complete all requested information

Name of affiliated provider(s) Hospital Name	Tax ID#	IGT amount due	Total UPL payment
1.			
2.			
3.			
Total IGT amount due			

Expected method of transfer (select one):

EFT _____ ACH _____

Designated contact:

Name _____

Title / Organization _____

E-mail address _____

Telephone number _____

Signature _____

Signature indicate agreement with stated amounts above.

Return completed form by email fax to Ms. Annetta Smith at (470) 386-6270 or by e-mail to asmith@dch.ga.gov