Georgia Department of Community Health has an online payment system. To sign up for this online payment system, please send by secured email to provider.fees@dch.ga.gov the following contact information (if you have multiple facilities provide the information for each facility separately). Please have this information typewritten or legibly written.

Nursing Home Medicaid Provider ID (if your nursing home does not have a medical id then please provide your Federal Tax ID):

_____

Nursing Home Name:

_____

Nursing Home Address:

_____

Nursing Home City:

_____

Nursing Home 5-digit Zip code:

_____

Contact Person's name:

_____

Contact Person Title:

_____

Contact Person's Email Address:

_____

Contact Person's Telephone Number:

If you have any questions, please call 888-706-0081 or email provider.fees@dch.ga.gov.