

**Georgia Department of Community Health
SFY2015 Hospital UPL - Notice of Intent to Transfer Form
Outpatient**

Notice of Intent to Transfer form for Hospital UPL payment is **due by Wednesday, July 8, 2015.** Intergovernmental transfer for Hospital UPL payment is **due by Monday, July 13, 2015; by noon.**

Name of Governmental Unit Making IGT: _____

(Notice of Intent to Transfer form can be accepted only from hospital authorities or other governmental entities. Notice cannot be accepted from participating providers.)

Name of affiliated provider(s)	IGT amount
1.	
2.	
3.	
4.	
5.	
Total IGT amount	

Expected method of transfer (select one):

EFT _____ ACH _____

Designated contact if additional information is needed:

Name _____

Title / Organization _____

E-mail address _____

Telephone number _____

Return completed form by fax to Ms. Annetta Smith at (404) 657-4199 or by e-mail to asmith@dch.ga.gov