

**Georgia Department of Community Health**  
**Instructions for Hospital UPL Intergovernmental Transfers**  
**or Tier 2 Provider Fee**  
**August 2, 2016**

**Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.**

- Notice of Intent to Transfer for Hospital UPL payment is **due by Tuesday, August 9, 2016.**
- Intergovernmental transfer or required payment for the Tier 2 provider fee for Hospital UPL payment is **due by 12 p.m. on Friday, August 12, 2016.** **NO EXCEPTIONS**
- Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**

- Payment made by wire transfer should be sent to:

Bank number 026009593 (Bank of America)  
Account number 003264037328 (OTFS Holding Acct)

**Please include as “attached information” the name of the hospital affiliated with the hospital authority or governmental entity.**

- Payment made by ACH transfer should be sent to:

Bank number 061000052 (Bank of America)  
Account number 003264037328 (OTFS Holding Acct)

**Please include as “attached information” the name of the hospital affiliated with the hospital authority or governmental entity.**

- Questions regarding *transfer procedures* should be directed to Ms. Sharon Peavy by e-mail at [speavy@dch.ga.gov](mailto:speavy@dch.ga.gov) or by telephone at (404) 651-5456.