

**Georgia Department of Community Health  
SFY2016 Hospital UPL - Notice of Intent to Transfer Form**

Notice of Intent to Transfer form for Hospital UPL payment is **due by Tuesday, August 9, 2016.** Intergovernmental transfer for Hospital UPL payment is **due by Friday, August 12, 2016; 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 email fax to Ms. Annetta Smith at (770) 344-4174 or by e-mail to [asmith@dch.ga.gov](mailto:asmith@dch.ga.gov)**