

**Georgia Department of Community Health
SFY2017 Interim DSH Notice of Intent to Transfer Form**

Notices of Intent to Transfer form for DSH payment is **due by Thursday, December 8, 2016.**
Intergovernmental transfer for DSH payment is **due no later than 12 p.m. on Monday,
December 12, 2016.**

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**