

**SAMPLE
LETTER OF INTENT TO TRANSFER FUNDS**

(Date)

Gary B. Redding
Commissioner
Georgia Department of Community Health
2 Peachtree Street, N.W.
Atlanta, Georgia 30303-3159

Re: Letter of Intent for Transfer of Funds
to the Indigent Care Trust Fund

Dear Mr. Redding:

Pursuant to Georgia law, hospital authorities are authorized to transfer monies to the Indigent Care Trust Fund (the "Trust Fund"). O.C.G.A. § 31-8-153. 1. Please be advised that the _____ Hospital Authority intends to transfer \$_____ to the Trust Fund no later than December 9, 2002. As provided by Georgia law, the transfer of funds under the control of a hospital authority to the Trust Fund constitutes a valid public purpose for which those funds may be expended. O.C.G.A. § 31-8-153.1; § 31-8-154.

It is our understanding that contributions and transfers to the Trust Fund, as they have in the past, will be matched with available federal funds and used in a manner consistent with Georgia law and rules of the Division of Medical Assistance. O.C.G.A. § 31-8-155. Acceptable uses include disproportionate share payment adjustments to qualifying hospitals.

We are pleased to contribute to the Trust Fund in its support of medically indigent citizens and the hospitals that serve them.

Sincerely,

_____ for

_____ Hospital Authority

<p>Please send the completed Letter of Intent to Transfer Funds to the attention of: ICTF Program Division of Medical Assistance 2 Peachtree Street, N.W. Atlanta, Georgia 30303-3159 Fax (404) 657-4199</p>
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Instructions for Intergovernmental Transfers to the Indigent Care Trust Fund

- Transfers payments are **due no later than 2 p.m. on December 9, 2002.**
- Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating hospitals.
- Payments made by check should be made payable to Georgia Department of Community Health and directed to:

Ms. Troy Senter
Office of Financial Services
Department of Community Health
34th Floor
2 Peachtree Street, N.W.
Atlanta, Georgia 30303-3159
Telephone No. (404) 657-7117
tsenter@dch.state.ga.us

- Payments made by electronic funds transfers should be sent to:

Bank number 061000052 (Bank of America)

Account number 00 000 000 5797 (Benefits Holding Account 2)

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