



ASSOCIATION COUNTY COMMISSIONERS OF GEORGIA

Claims Administration Services
P.O. Box 92260
Norcross, GA 30010

Phone: 404-614-2553
Toll-free: 877-421-6298
Web Site: www.accg.org

REPRICING REQUEST COVER SHEET

Form with fields for DATE, PAGES, TO (Claims Administration Services, Inmate Medical Care), Email (ACCGInmateCare@accg.org), and Fax (678-225-4240 | () - - Return Fax # (if faxed))

EMERGENCY
INMATE
MEDICAL CARE
REPRICING REQUEST

- The attached bill is for 'Emergency Health Care' for a detainee.
ACCG - Claims will reduce the amount due and reprice the invoice using applicable Georgia Medicaid rates in accordance with OCGA § 42-4-15.
ACCG - Claims will return the repriced bill and Explanation of Review (EOR) to the county.
County pays appropriate payment amount directly to provider.
County agrees to pay ACCG a fee of 7.5% of the allowable rate on invoice for this service. [minimum charge of \$25 to a maximum charge of \$100]

We understand that ACCG will not pay this invoice and the county is responsible for payment.

____ SIGNATURE

____ PRINT NAME

____ COUNTY

- BOARD OF COMMISSIONERS
SHERIFF'S OFFICE

() - TELEPHONE NUMBER