



Inmate Medical Savings Program

As a member of ACCG – GHBP Inmate Medical Savings Program, ACCG requests that each participant provide their tax ID number and designate a point of contact at the Board of Commissioners Office and the County Jail/Sheriff's Department. The individuals selected serve as a liaison for county and shall directly receive any notices/information regarding the program. Please **fully complete** this form as soon as possible and submit it to ACCG. Contact Joe Dan Thompson or Penny Henderson at (404) 522-5022 if you need assistance.

The following information is for _____ County.

❖ The assigned **ACCG – GHBP Inmate Medical County Contact** is:

First Name: _____ Last Name: _____

Position Title: _____ Employer: _____

Mailing Address:

Street Address: _____

City: _____ State: Georgia Zip: _____

Office Phone: (_____) _____ - _____ Office Fax: (_____) _____ - _____

Email Address: _____

❖ The assigned **ACCG – GHBP Inmate Medical Jail Contact** is:

First Name: _____ Last Name: _____

Position Title: _____ Employer: _____

Mailing Address:

Street Address: _____

City: _____ State: Georgia Zip: _____

Office Phone: (_____) _____ - _____ Office Fax: (_____) _____ - _____

Email Address: _____

❖ The member **Tax ID Number** is: _____