

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		
DATE:	PAGES:		
TO:			
	Claims Administration Services		
	Inmate Medical Care		
Email:	ACCGInmateCare@accg.org		
Fax:	678-225-4240 () Return Fax # (if faxed)		



EMERGENCY

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		