



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) with a return fax number field.

EMERGENCY
INMATE
MEDICAL CARE
REPRICING REQUEST

- List of 5 bullet points detailing the repricing process and county responsibilities.

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

____ SIGNATURE

____ PRINT NAME

____ COUNTY

- Checkboxes for BOARD OF COMMISSIONERS and SHERIFF'S OFFICE.

(____) _____ - _____ TELEPHONE NUMBER