



Claims Administration Services
 191 Peachtree Street, Ste. 700
 Atlanta, GA 30303

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

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 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