

**SAMPLE
LETTER OF INTENT TO TRANSFER FUNDS**

(Date)

Tim Burgess
Commissioner
Georgia Department of Community Health
2 Peachtree Street, N.W.
Atlanta, Georgia 30303-3159

Re: Letter of Intent for Transfer of Funds
For the following Affiliated Provider(s):

Dear Mr. Burgess:

Please be advised that the _____ Hospital Authority intends to transfer \$_____ to the Georgia Department of Community Health no later than 2 p. m. on June 27, 2005. It is our understanding that contributions and transfers to the Trust Fund, as they have in the past, will be matched with available federal funds and used in a manner consistent with Georgia law and rules of the Division of Medical Assistance. O.C.G.A. § 31-8-155. Acceptable uses include disproportionate share payment adjustments to qualifying hospitals.

Sincerely,

_____ for

_____ Hospital Authority

Please send the completed Letter of Intent to Transfer Funds to the attention of:

Ms. Annetta Smith
Georgia Department of Community Health
2 Peachtree Street, N.W.
Atlanta, Georgia 30303-3159
Fax (404) 657-4199