

**Georgia Department of Community Health
Interim DSH Notice of Intent to Transfer**

Notices of Intent to Transfer for **interim** DSH payments are **due by Thursday, May 6, 2010.**
Intergovernmental transfers for DSH payments are **due no later than 2 p.m. on Thursday, May 13, 2010.**

Name of Governmental Unit Making IGT: _____
(Notice of Intent to Transfer can be accepted only from hospital authorities, developmental authorities or other governmental entities. Notice cannot be accepted from participating providers.)

Name of affiliated provider(s)	IGT amount
1.	
2.	
3.	
4.	
5.	
Total IGT amount	

Expected method of transfer (select one):

EFT _____ ACH _____ Check _____

Designated contact if additional information is needed:

Name _____

Title / Organization _____

E-mail address _____

Telephone number _____

Return completed form by fax to Ms. Annetta Smith at (404) 657-4199 or by e-mail to asmith@dch.ga.gov