



Georgia Department of Community Health
Change or Update to Hospital's Designated Contact
For Payment of Hospital Provider Fee

NOTE – To change or update information currently on file with the Department regarding the hospital's designated contact for information regarding the payment of the hospital provider fee, please include the following information in an e-mail notice:

Hospital information

Hospital name

Hospital address

Medicaid identification number

Taxpayer identification number (only if not enrolled in the Medicaid program)

Information about designated contact

Name

E-mail address

Telephone number

Title

Mailing address

The e-mail notice should be sent to Ms. Gera Walker at gwalker@dch.ga.gov.