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**CATASTROPHIC INMATE  
MEDICAL INSURANCE**



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**CATASTROPHIC INMATE  
MEDICAL INSURANCE**  
Fact Sheet & Service Team

# CATASTROPHIC INMATE MEDICAL INSURANCE (CIMI) FACT SHEET

## **THE PROBLEM**

Skyrocketing health care costs combined with the responsibility to pay for inmate medical care have created serious budgetary problems for many governmental entities. Their health care burden continues to grow – but their budgets do not, which has left correctional systems exposed to potentially unlimited expenses and an urgent need for innovative cost control mechanisms.

## **THE SOLUTION**

Hunt Insurance Group, LLC is proud to offer the Catastrophic Inmate Medical Insurance Plan, a unique program designed to protect local governments from the excessive expenses that can result from catastrophic inmate medical claims. The Plan can be tailored to meet the needs of your specific facility, helping to make your budgetary process more accurate and stable. The coverage can be purchased separately or used in combination with other health care cost control services.

## **COVERAGE BENEFITS**

- ✓ Off-site Inpatient Hospital Medical Care up to an Average Daily Maximum (ADM), typically \$20,000 for the first three days of hospital admission and \$12,000 for each day thereafter
- ✓ Out-patient surgery
- ✓ No pre-existing condition exclusions
- ✓ Most 'prior to booking' claims covered
- ✓ Deductible as low as \$20,000 per inmate/per year
- ✓ Limits of coverage from \$300,000 per inmate
- ✓ Preferred medical networks in some areas

## **STANDARD EXCLUSIONS**

Excluded are expenses:

- ✓ Which are not in-patient or outpatient surgery
- ✓ Which the governmental entity is not legally obligated to pay
- ✓ Which are incurred after the inmate is released from custody
- ✓ In connection with the security or guarding of an inmate
- ✓ Rehab portion of a substance abuse or nervous illness claim

**As a feature of ACCA Membership,  
receive a 5% reduction in CIMI premium.**

## **CLAIM REIMBURSEMENT**

Hospital notification and claim forms are required on a timely basis, after which reimbursement is usually made within 30 days.

## **ADMINISTRATOR**

Hunt Insurance Group, LLC has more than 40 years experience working with law enforcement agencies and correctional facilities. Our clients include several state law enforcement associations.

## **WHAT OUR CLIENTS SAY**

“One heart attack can cost \$50,000 to \$80,000 in hospital costs, so I saw the need to protect the county from a catastrophic illness or accident...”

“Insurance agents call this inmate medical insurance... I call it budget protection coverage for our county taxpayers...”

“A great solution for a serious problem.”

“No small or medium size county should be without this valuable protection...”

“I have seen this program work as an effective budgetary tool for exposure to and management of catastrophic inmate medical costs.”



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# CATASTROPHIC INMATE MEDICAL INSURANCE (CIMI) CLIENT ADVOCATE SERVICE TEAM

NAME / TITLE / CONTACT INFO	DUTIES
 <p><b>TAMARA VOLKERT</b> Program Developer <a href="mailto:tamara.volkert@huntins.com">tamara.volkert@huntins.com</a> (850) 241-7033</p>	<p>Lead for Sales and Marketing; develops new business including new programs; assists with large employer renewals and service to clients.</p>
 <p><b>CAREY BOUCHER</b> Account Manager &amp; Underwriting <a href="mailto:carey.boucher@huntins.com">carey.boucher@huntins.com</a> (850) 241-7042</p>	<p>Lead for Underwriting and Policy Management; leads the renewal process, claims processing, billing, and general policy maintenance.</p>
 <p><b>SARAH HUNT ELLIN</b> Account Manager <a href="mailto:sarah.ellin@huntins.com">sarah.ellin@huntins.com</a> (850) 241-7036</p>	<p>Backup for Underwriting and Policy Management; assists the renewal process, claims processing, billing, and general policy maintenance.</p>
 <p><b>JEFF WILLIAMS</b> Account Executive <a href="mailto:jeff.williams@huntins.com">jeff.williams@huntins.com</a> (850) 241-7026</p>	<p>Marketing and field service; handles renewals and quotes.</p>
 <p><b>GRETCHEN COON</b> Sr. Account Manager <a href="mailto:gretchen.coon@huntins.com">gretchen.coon@huntins.com</a> (850) 241-7025</p>	<p>Assists team renewal process, claims processing, billing, and general policy maintenance.</p>
 <p><b>VICKIE WHALEY</b> Account Manager <a href="mailto:vickie.whaley@huntins.com">vickie.whaley@huntins.com</a> (850) 241-7035</p>	<p>Assists team renewal process, claims processing, billing, and general policy maintenance.</p>



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**CATASTROPHIC INMATE  
MEDICAL INSURANCE  
Application**

# CATASTROPHIC INMATE MEDICAL INSURANCE APPLICATION

Completed applications should be sent to [carey.boucher@huntins.com](mailto:carey.boucher@huntins.com) or faxed to (850)385-2124.

Name of Prospective Insured: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Average Monthly Inmate Population for the past 12 months: \_\_\_\_\_  
(Include those housed at other facilities for whom you are responsible; Exclude inmates you are housing for others, whom you are not responsible)

Maximum County Jail Capacity: \_\_\_\_\_ Average Length of Detention: \_\_\_\_\_

Estimated percentage of Inmates kept under 30 days: \_\_\_\_\_, 30 days to 6 months: \_\_\_\_\_,  
6 months to 1 year: \_\_\_\_\_, over 1 year: \_\_\_\_\_

Do you contract with a Correctional Healthcare Provider? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, who? \_\_\_\_\_

Do you or the Correctional Healthcare Provider have a discount agreement in place with the local Hospitals and Doctors? Yes \_\_\_\_\_ No \_\_\_\_\_ What %: \_\_\_\_\_

Do you or the Correctional Healthcare Provider have case management staff to assure proper monitoring of a Hospital stay? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have an on premises infirmary? Yes \_\_\_\_\_ No \_\_\_\_\_

Which Hospital is the primary caregiver? \_\_\_\_\_  
For Profit \_\_\_\_\_ Not for Profit \_\_\_\_\_

It is presumed that a large percentage of inmates are most likely indigent and eligible for Medicaid. In your negotiations with the healthcare providers, you should attempt to negotiate a reimbursement agreement under Medicaid or Medicare valuations. In the majority of cases the County Jails medical services volume of Inpatient and Outpatient Surgical Services is an insignificant financial impact to the providers' bottom line, but it definitely has an impact to the County's bottom line, even with a discount off the billed amounts. A Medicaid or Medicare reimbursement would be reasonable and fair for this type of population.



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**OFF-SITE — Inpatient Hospital, Outpatient Surgical Procedures and Physicians Services Claims**

Total inmate claims which exceed \$10,000 per inmate that have occurred in the past, listed by year.

<u>Inmate Name</u>	<u>Diagnosis</u>	<u>Paid Claims</u>	<u>Pending Payment</u>
20__			
1. _____			
2. _____			
3. _____			
20__			
1. _____			
2. _____			
3. _____			
20__			
1. _____			
2. _____			
3. _____			

(If more lines are needed please add an additional document).

Are any of these inmates currently in your care, custody or control? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, current prognosis: \_\_\_\_\_

Are there any inmates currently off-site (inpatient) at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Prognosis: \_\_\_\_\_

Name: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Prognosis: \_\_\_\_\_

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Date: \_\_\_\_\_ Prospective Insured Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Agent Signature\*: \_\_\_\_\_ Title: \_\_\_\_\_

\*Agent Signature also required if Application has been completed by an Agent.



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**CATASTROPHIC INMATE  
MEDICAL INSURANCE**  
Procedure & Claims Forms



# CATASTROPHIC INMATE MEDICAL INSURANCE CLAIM PROCEDURES

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The Insurance Carriers provide claims review and monitoring services. As part of this process, it is requested that the procedure outlined below be followed closely.

- 1) Please notify Hunt Insurance Group within 48 hours of any potential claim by sending a completed 48 Hour Notification form to Carey Boucher at [carey.boucher@huntins.com](mailto:carey.boucher@huntins.com) or fax the completed form to (850) 385-2124.
  
- 2) Before a claim can be considered for reimbursement, the following “Proof of Loss” information must be submitted:
  - A) A complete Specific Claim Proof of Loss Notification Form detailing the request for benefit payments.
  - B) A copy of all itemized medical and hospital bills for the requested reimbursement.
  - C) A copy of all checks issued in payment for each claimant.
  - D) A statement from the jail facility providing incarceration dates.

After the company receives the above information, the claim is reviewed. Claims are usually paid within 60 days. Claim forms are included in this packet and may be duplicated as needed.

## **IMPORTANT:**

***Eligible expenses incurred after a policy is cancelled or non-renewed are not eligible for reimbursement.***



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# CIMI 48 HOUR NOTIFICATION FORM - HOSPITAL ADMITTANCE

All Completed 48 Hour Notices Should Be Sent Directly To [carey.boucher@huntins.com](mailto:carey.boucher@huntins.com) or faxed to (850) 385-2124

## Jail Information

Name of Jail Facility: \_\_\_\_\_

Address of Jail Facility: \_\_\_\_\_  
\_\_\_\_\_

Current Policy # (required): \_\_\_\_\_ Policy Eff. Date: \_\_\_\_\_

Jail/Sheriff's Office Contact (this must be the person in charge of making inmate medical decisions)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Inmate Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Jail ID # (required): \_\_\_\_\_ SSN (required): \_\_\_\_\_

Incarceration Date: \_\_\_\_\_

## Hospital Information

Name of Hospital Admitted To: \_\_\_\_\_

Hospital Contact Name: \_\_\_\_\_

Contact's Title: \_\_\_\_\_ Contact's Phone #: \_\_\_\_\_

Date Admitted: \_\_\_\_\_ Hospital Discount Agreement %: \_\_\_\_\_

Type of Injury: \_\_\_\_\_

Expected Hospital Release Date: \_\_\_\_\_ Expected Claim?  Yes  No

Prognosis: \_\_\_\_\_



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# CATASTROPHIC INMATE MEDICAL INSURANCE CLAIM EXAMPLES

## Example 1: 8 Day Hospitalization and Outpatient Services

\$50,000 Deductible per Inmate per Plan Year

Average Daily Maximum (ADM):

\$20,000 first 3 days, \$8,000 thereafter

Plan Calculations - Maximum ADM Allowance

Total Claim(s) Paid	\$54,059.33	ADM \$20K x 3 days	\$60,000.00
Less Plan Deductible	-\$50,000.00	ADM \$8K x 5 days	\$40,000.00
Plan Reimbursement Requested	\$4,059.33	Outpatient Allow.	\$2,772.92
Office Visits (ineligible)	-\$238.50	Maximum ADM	\$102,772.92
Amount Reimbursed by Plan	<b>\$3,820.83 (Plan Reimbursement Requested minus ineligible)</b>		

## Example 2: 8 Day Hospitalization

\$50,000 Deductible per Inmate per Plan Year

Average Daily Maximum (ADM):

\$20,000 first 3 days, \$12,000 thereafter

Plan Calculations - Maximum ADM Allowance

Total Claim(s) Paid	\$92,465.76	ADM \$20K X 3 days	\$60,000.00
Less Plan Deductible	-\$50,000.00	ADM \$12K X 6 days	\$72,000.00
Plan Reimbursement Requested	\$42,465.76	Maximum ADM	\$132,000.00
Amount Reimbursed by Plan	<b>\$42,465.76</b>		

## Example 3: 8 Day Hospitalization

\$30,000 Deductible per Inmate per Plan Year

Average Daily Maximum (ADM):

\$20,000 first 3 days, \$12,000 thereafter

Plan Calculations - Maximum ADM Allowance

Total Claim(s) Paid	\$176,458.00	ADM \$20K X 3 days	\$60,000.00
Less Plan Deductible	-\$30,000.00	ADM \$12K X 5 days	\$60,000.00
Plan Reimbursement Requested	\$146,458.00	Maximum ADM	\$120,000.00
Amount Reimbursed by Plan	<b>\$120,000.00 (Maximum ADM)</b>		



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# CIMI—SPECIFIC CLAIM PROOF OF LOSS NOTIFICATION FORM

## INSURED INFORMATION

FACILITY NAME:

EFFECTIVE DATE:

EXPIRATION DATE:

SUPERVISOR/ADMINISTRATOR:

POLICY NUMBER:

## CLAIMANT INFORMATION

CLAIMANT:

DATE OF BIRTH:

INCARCERATION DATE:

DATE RELEASED:

## CLAIM INFORMATION

IF ACCIDENT, DATE:

LOCATION:

DESCRIBE ACCIDENT:

NATURE OF INJURY:

IF ILLNESS, DIAGNOSIS:

DATE FIRST CONSULTED PHYSICIAN:

ATTENDING PHYSICIAN NAME:

ATTENDING PHYSICIAN PHONE:

ATTENDING PHYSICIAN ADDRESS:

ATTENDING PHYSICIAN CITY, STATE, ZIP:

HOSPITAL NAME:

HOSPITAL PHONE:

HOSPITAL ADDRESS:

HOSPITAL CITY, STATE, ZIP:

IS CLAIMANT STILL HOSPITALIZED?

IS LARGE CASE MANAGEMENT INVOLVED?

IS CLAIMANT RECEIVING CONTINUING TREATMENT?

IS SUBROGATION AVAILABLE?

PROGNOSIS:

IS THERE ANY OTHER COLLECTIBLE INSURANCE FOR THIS CLAIM?

TOTAL BENEFITS SUBMITTED:

LESS SPECIFIC DEDUCTIBLE:

REIMBURSABLE CLAIM:

## DOCUMENTATION

IF THIS IS AN INITIAL PROOF OF LOSS, PLEASE INCLUDE COPIES OF THE FOLLOWING DOCUMENTATION:

1. ITEMIZED HOSPITAL BILLS
2. COPY OF CHECKS PAID TO PROVIDERS
3. COMPLETED CLAIM FORM

IF THIS IS A CONTINUING CLAIM, PLEASE PROVIDE CLAIM NUMBER:

*I HEREBY REPRESENT THAT TO THE BEST OF OUR KNOWLEDGE, THE INFORMATION PROVIDED IS COMPLETE AND CORRECT.*

SUBMITTED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_



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# CIMI—SPECIFIC CLAIM PROOF OF LOSS SUPPLEMENTAL CLAIM FORM

Inmate Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Current Policy Number: \_\_\_\_\_

Insured Check Date	Insured Check Amount	Incurred Date Range
mm/dd/yy	\$x,xxx.xx	From (mm/dd/yy): To (mm/dd/yy):
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TOTAL Insured Check Amount:** \$ \_\_\_\_\_

**Less Specific Deductible:** \$ \_\_\_\_\_

**Reimbursement Amount:** \$ \_\_\_\_\_



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**INMATE MEDICAL COST  
MANAGEMENT PLAN**

# INMATE MEDICAL COST MANAGEMENT PLAN



## SAVINGS UP TO 35 - 40%

Imagine the ability to save on average 35-40% or more on the charges for inmate medical claims such as the ones illustrated below. Although you get access to this national corrections network (with total of 597,216 providers, 2,971 hospitals, and 126,254 facilities), PHS will also negotiate with those providers who are not yet network participants to help contain inmate medical costs. This extensive network provides significant discounts for medical services provided outside the jail. The program can work along with any contracts or agreements you have already established to enhance your savings.

### PHS can help you find GREEN in a sea of RED!

*Actual Claims Data and Savings Adjudicated!*

#### Example 1:

Provider: Quest Diagnostic							28% Total Savings
(*Total paid on claim to provider plus PHS admin fee)							
Type of Service	Total Charge	Network Discount	Ineligible Charge	Eligible Charge	PHS Admin Fee	Total Paid on Claim*	
Hep B test	\$ 78.00	\$31.20	-	\$46.80	\$ 9.36	\$56.16	
Hep B surf AB	\$ 81.12	\$32.45	-	\$48.67	\$ 9.73	\$58.40	
Hep B core AB	\$ 88.40	\$35.36	-	\$53.04	\$10.61	\$63.65	
Hep A AB	\$101.92	\$40.77	-	\$61.15	\$12.23	\$73.38	
Hep C AB	\$134.16	\$53.66	-	\$80.50	416.10	\$96.60	
<b>TOTALS:</b>	<b>\$483.60</b>	\$193.44	\$0.00	\$290.16	\$58.03	<b>\$348.19</b>	

#### Example 2:

Provider: Lake City Medical Center							27% Total Savings
(*Total paid on claim to provider plus PHS admin fee)							
Type of Service	Total Charge	Network Discount	Ineligible Charge	Eligible Charge	PHS Admin Fee	Total Paid on Claim*	
Med-Sur Supp	\$ 1.76	\$ 0.70	-	\$ 1.06	\$ 0.21	\$ 1.27	
Sterile Supp.	\$ 13.14	\$ 5.25	-	\$ 7.89	\$ 1.57	\$ 9.46	
Xray of Hand	\$ 736.00	\$294.40	-	\$441.60	\$ 88.32	\$529.92	
ER Visit	\$1241.00	\$496.40	-	\$744.60	\$148.92	\$893.52	
<b>TOTALS:</b>	<b>\$1991.90</b>	\$796.75	\$0.00	\$1195.15	\$239.02	<b>\$1434.17</b>	

#### Example 3:

PROVIDER: Tallahassee Memorial Hospital							61% Total Savings
(*Total paid on claim to provider plus PHS admin fee)							
Type of Service	Total Charge	Network Discount	Ineligible Charge	Eligible Charge	PHS Admin Fee	Total Paid on Claim*	
Pharmacy	\$ 10.40	-	\$ 10.40	-	-	\$ 0.00	
IV Solutions	\$ 166.75	-	\$166.75	-	-	\$ 0.00	
Glucose Test	\$ 39.34	\$ 15.73	-	\$ 23.61	\$ 4.72	\$ 28.33	
Xray of Chest	\$ 458.14	\$ 431.95	-	\$ 26.19	\$129.58	\$ 155.77	
CT Angiography	\$3472.34	\$2955.53	-	\$516.81	\$886.66	\$1403.47	
ER Visit	\$1143.82	\$ 951.37	-	\$192.45	\$285.41	\$ 477.86	
<b>TOTALS:</b>	<b>\$5290.79</b>	\$4354.58	\$177.15	\$759.06	\$1306.37	<b>\$2065.43</b>	

Tie these savings back to the Catastrophic Inmate Medical Insurance and the county jails may see a reduction in upfront costs on the claim itself as well as on the excess premiums for those high cost claims.



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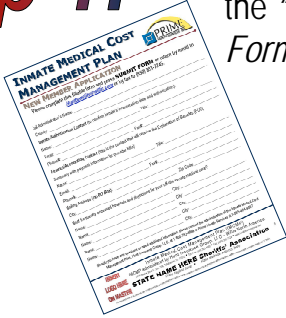
# INMATE MEDICAL COST MANAGEMENT PLAN



## PROCESS WORKFLOW FOR THE PRIME HEALTH SERVICES (PHS) NETWORK

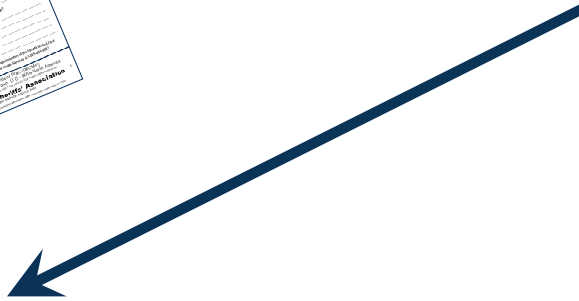
### Step 1:

Sign up! Complete the "New Member Form"



### Step 2:

Does an Inmate need offsite medical service? A brief call to PHS will start the process... 1-855-404-9857



### Step 3:

Provide your ID Card to the Medical Provider. This will ensure they have the network and billing information to accurately handle the claim.



### Step 4:

PHS applies contracted discount adjustments to the claim. A summary report and invoice are sent to your facility specified contact.



### Step 5:

Remit payment to PHS based on the invoice received. Retain claims summary report for auditing and financial backup.



### Money Saved!!!



Should you have any questions or need additional information, please contact the administrators of the Inmate Medical Cost Management Plan, Hunt Insurance Group, LLC, at 1-800-763-4868 or Prime Health Services at 1-855-404-9857.



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# INMATE MEDICAL COST MANAGEMENT PLAN



## MORE THAN JUST A NETWORK

### Pre-certification:

A toll-free number is provided to the county for the purpose of calling to authorize the inmate for offsite medical treatment. Pertinent information is taken at this time to ensure the county is only responsible for medical services during the inmate's incarceration. Medical claims are only processed and paid if the inmate was in custody at the time of service.

### Scrubbing:

Prime Health's state of the art software is equipped to adjudicate medical claims according to the Center for Medicare and Medicaid (CMS) standards to assure that only appropriate claim charges on bills are reimbursed. Individual edits are performed at the detail claim line level and include industry standard edits such as: Unauthorized/ inappropriate services, Incomplete claims, Duplicate claims, Invalid or excessive codes, and Unbundled charges.

### Negotiations/PPO:

Once a claim has been scrubbed for accuracy, Prime Health applies a discount based on the contract held between Prime Health and the provider. If a current contract does not exist, our professional negotiations team will negotiate directly with the provider to achieve the deepest possible discount for the county. Through either the PPO or the negotiations channel, counties stand to receive some of the deepest discounts available in our industry.



### Repricing:

Prime Health accesses its proprietary repricing system which has the ability to fully integrate our deeply discounted PPO network, as well as real time negotiations, and apply those reductions to the medical claims. Our repricing services are performed onsite at Prime Health and our system allows for timely processing of bills and administrative efficiency. Upon each completed processed claim, we will provide you a summary showing the medical service provided and the discount received.

### Reporting:

Prime Health will provide you with reporting to fit your specific needs. Our capabilities range from basic savings reports, to most frequently occurring injuries, or other data specific to your inmate incident mix. We are happy to build any reports that you feel will help you analyze your program.



Inmate Medical Cost Management Plan (IMCMP)  
administered by Hunt Insurance Group, LLC

3606 Maclay Blvd S., Ste. 204, Tallahassee, FL 32312 • Toll Free: (800) 763-4868 • Fax: (850) 385-2124 • [www.huntinsurancegroup.net](http://www.huntinsurancegroup.net)

**Association of County Commissions of Alabama**

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ACCA

Association of County  
Commissions of Alabama

*67 Counties, **One** Voice*



**INMATE MEDICAL COST  
MANAGEMENT PLAN**

# INMATE MEDICAL COST MANAGEMENT PLAN



## NEW MEMBER APPLICATION

Please complete this fillable form and return by email to [carey.boucher@huntins.com](mailto:carey.boucher@huntins.com) or by fax to (850) 893-7245.

Jail Administrator's Name: \_\_\_\_\_

County: \_\_\_\_\_

**Inmate Authorization Contact** (to confirm inmate's incarceration date and authorization):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

**Finance/Accounting Contact** (this is the contact that will receive the Explanation of Benefits (EOB)

Summary with payment information for provider bills):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Mailing Address (*no PO Box*): \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Most frequently accessed hospitals and physicians for your off-site inmate medical care?

Name: \_\_\_\_\_ City: \_\_\_\_\_

Name: \_\_\_\_\_ City: \_\_\_\_\_

Name: \_\_\_\_\_ City: \_\_\_\_\_

Name: \_\_\_\_\_ City: \_\_\_\_\_

Name: \_\_\_\_\_ City: \_\_\_\_\_

Should you have any questions or need additional information, please contact the administrators of the Inmate Medical Cost Management Plan, Hunt Insurance Group, LLC, at 1-800-763-4868 or Prime Health Services at 1-855-404-9857



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