

Inmate Medical Cost Management Program

New Member Application

Please complete this form and return to Huntbenefits@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: _____



HUNT INSURANCE GROUP, LLC

Questions? Please Contact:
Hunt Insurance Group, LLC at 1-800-763-4868
Prime Health Services at 1-855-404-9857



Inmate Medical Cost Management Program | Administered by Hunt Insurance Group, LLC

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