



OFF-SITE MEDICAL COST-CONTROL PROGRAM (OMCCP)

New Member Application

Please complete this form and return to Huntbenefits@huntins.com or by fax to (850) 385-2124.

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) 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: _____

Questions? Please Contact:
Hunt Insurance Group, LLC at 1-800-763-4868

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Hunt Insurance Group, LLC
2075 Centre Pointe Blvd., Ste 101, Tallahassee, FL 32312 • Toll Free: (800) 385-3636 • Fax: (850) 893-7245 • www.huntins.com

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