



MCCCP | Off-site Medical Cost Control Program

Inmate Medical Claims Administration

NEW MEMBER APPLICATION

Agency/Organization Name: _____

Name of Correctional Facility: _____

Inmate Authorization Contact (to confirm incarceration dates):

Name: _____ Title: _____

Email: _____

Phone Number: _____ Fax Number: _____

Finance/Accounting Contact (for billing and payment information)

Name: _____ Title: _____

Email: _____

Phone Number: _____ Fax Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Explanation of Benefits & Invoicing Preference: Email Mail Both

List the hospitals and physicians you frequently use for off-site medical care:

Name: _____ City: _____

Name: _____ City: _____

Name: _____ City: _____

Name: _____ City: _____

Name: _____ City: _____

Name: _____ City: _____



Off-site Medical Cost Control Program Managed by Hunt Insurance Group

2075 Center Pointe Blvd, Ste. 101, Tallahassee, FL 32308 ☎ Toll-Free: (800) 763-4868 ✉ huntbenefits@huntins.com 🌐 www.huntins.com

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