



Insured Information

Name: Effingham County Board of Commissioners Tax ID Number: _____
Mailing/Street Address: 804 S. Laurel St. City: Springfield State: GA Zip: 31329
Primary Contact: Danielle Carver Title: Procurement Manager
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Detention Facility Information

Name of Primary Facility: Effingham County Jail Max Jail Capacity: 265
Facility Address: 130 W First Street Extension City: Springfield State: GA Zip: 31329

For the average and current inmate population, count only those for which you are financially responsible, including any inmates housed at other facilities; exclude all inmates for whom you are not financially responsible.

Average monthly inmate population for the past 12-months: 195 Current inmate population: 185

List any other detention facilities that you use to house inmates and the approximate number at each; these numbers should be included in the figures above (if additional lines are required, please include them in the Additional Comments on Page 2):

Facility Name	City, State	Count
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contracted / Negotiated Rates with Medical Providers

Do you contract with an on-site healthcare provider? Yes No If yes, who? Genesys Health Alliance

Please check the following option that best describes how off-site medical bills are handled:

- Reviewed, negotiated, and paid by staff
- Reviewed and negotiated by on-site Healthcare Provider
- Reviewed and negotiated by off-site Third Party Claims Administrator

What is the name of the Third-Party Claims Administrator? _____

What is the administrative processing fee? _____

Other: _____

Does your jail have medical personnel: On-site 24/7 On-call Neither

Additional comments about on-site medical care: 84 hours per week nursing coverage

List the the top three hospitals you use and the contracted rate at which medical expenses are paid:

Hospital	Contracted / Negotiated Rate
Effingham Health System	Medicare Rate
East Georgia Regional Hosp	Medicare Rate
Memorial Hosp	Medicare Rate

Would you like information on the Off-site Medical Cost-Control Program (OMCCP)? Yes No

The Off-site Medical Cost Control Program (OMCCP) is a claim management resource designed to reduce a jail's administrative and financial burden by repricing medical bills and engaging with providers on their behalf.

Optional Coverage Selection:

Include **Prior-to-Booking/In-Pursuit**
Provides coverage for medical expenses incurred by an arrestee prior to being booked into a covered facility and for which the covered entity is financially responsible.

Include **Security & Guarding Coverage**
Provides coverage for 50% of expenses associated with guarding an inmate that is receiving medical services outside the walls of the covered facility(ies). The maximum benefit is \$5,000 per inmate.





Claim History

List all inmate medical claims incurred outside the walls of your jail that exceeded a total of \$10,000 per inmate, during the previous rolling 12-months. You may use the lines below or submit this in an excel spreadsheet (preferred).

Inmate Name	Date(s) of Service	Primary Diagnosis/Nature of Injury or Illness	Hospitalized Prior-to or Post Booking?	Amount Billed from Medical Provider (Before Discounts)	Amount Paid to Medical Provider (After Discounts)	Pending Payment to Medical Provider
Kimberly Wright	12/14/22	Kidney Failure	Post			
Kimberly Wright	1/2/23	Dialysis	Post			
Donald Plemmons	12/18/22	Seizures	Post			

Are any of these inmates currently still in custody? Yes No

If yes, please indicate their name(s) and current prognosis:

Name

Prognosis

_____	_____
_____	_____
_____	_____

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

Name

Prognosis

_____	_____
_____	_____
_____	_____

Additional Comments

Please use the lines below to provide additional information you would like us to know.

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

Printed Name: _____ Title: _____ Date: _____

Signature: _____

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Catastrophic Inmate Medical Insurance Administered by Hunt Insurance Group

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