

LEVY BOCC BUDGET AMENDMENT FORM

Email to: LEVYFINANCE@LEVYCLERK.COM

Requesting Department / Office:	0194 SHERIFF	One-Time or Recurring?
		One-time

Explanation / Description:	Transfer from Contingency Reserves for payment of Inmate Medical Bill
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SOURCE of Funds and Required APPROVAL level:	Appropriating Reserves (Contingency) - Approved via Motion Recorded in BOCC Minutes	Grant Match?
		NO

NOTE: ALL COMMITMENTS RECURRING MULTIPLE FISCAL YEARS REQUIRE BOCC APPROVAL.

BOCC Meeting Date (if Necessary)	Tuesday, September 06, 2022	Approved?
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BUDGET AMENDMENT DETAIL

Account Number	Description	Increase (Decrease)
001-0194-581-91011	Transfer-Corrections	\$ 197,000
001-9900-519-99010	Uses-Reserve for Contingencies	\$ (197,000)

Net Increase (Decrease) in USES: \$

ADDITIONAL REVENUES/SOURCES ONLY IN THIS SECTION:

Account Number	Description	Increase (Decrease)

Net Increase (Decrease) in SOURCES: \$

DOES BUDGET AMENDMENT BALANCE? YES

DEPARTMENT HEAD: Robert B. McAllen 8/15/22

COUNTY COORDINATOR: Alicia Newberry

CLERK OR FINANCE OFFICER: JMA



Off-Site Medical Treatment Notification Form

Please send completed form via email to Huntbenefits@huntins.com or fax to (850) 385-2124

Jail Information

Name of Jail Facility: Levy County Jail
 Address: 9150 NE 80th Ave
Brunson, FL 32621
 Current Policy Number (required): WHI-201186 Policy Effective Date: 10/10
 Jail/Sheriff's Office Contact (this must be the person in charge of making inmate medical decisions)
 Name: Jinean English Title: CPIN
 Email Address: JEnglish@levyso.com Phone Number: 352-265-5121

Hospital Information

Name of Hospital: Shands Hospital
 Hospital Discount Agreement Percentage: _____
 Hospital Contact Name: _____
 Contact's Title: _____ Contact's Phone Number: 352-265-0111

Arrestee / Pre-Trial Detainee / Inmate Information

Name: MARAVOLO, Holly DOB: _____ Gender: _____
 Custody Date: 12/15/21 Jail ID Number: 35875 SSN (required): _____
 Primary Offense (reason for arrest/detainment): Battery
 Statute: 784.08-2c Level of Primary Offense: Misdemeanor Felony
 Date Admitted to the Hospital: 12/15/22
 When did the admission to the Hospital occur: Prior-to-Booking Post-Booking
 Nature of Injury/Illness: _____
 Prognosis: Good
 Expected Hospital Release Date: TBD Expected Claim: Yes No





Levy County - FL
9150 NE 80th Ave
Bronson, FL 32621

Process Date: 08/09/2022
Internal ID: 257957791
Claim Number: 2022-1632
Bill ID: 2022-1632-001
Patient: Maravolo Holly
Date of Birth:
Provider: Shands UF
Tax ID: 591943502
Date of Service: 06/25/2022

	<u>Dates of Service</u>	<u>Billed Charges</u>	<u>Allowed Adjusted Charges</u>	<u>Savings %</u>	<u>Fee</u>
1	06/25/2022	\$11,955.00	\$2,817.83		
2	06/25/2022	\$40,530.00	\$9,553.05		
3	06/25/2022	\$59,176.00	\$13,947.97		
4	06/25/2022	\$24,068.00	\$5,672.90		
5	06/25/2022	\$31,009.81	\$7,309.11		
6	06/25/2022	\$1,429.94	\$337.04		
7	06/25/2022	\$27,872.03	\$6,569.53		
8	06/25/2022	\$71,707.24	\$16,901.63		
9	06/25/2022	\$1,532.00	\$361.10		
10	06/25/2022	\$6,439.00	\$1,517.69		
11	06/25/2022	\$492.46	\$116.07		
12	06/25/2022	\$1,500.00	\$353.55		
13	06/25/2022	\$1,268.00	\$298.87		
14	06/25/2022	\$265.00	\$62.46		
15	06/25/2022	\$1,510.00	\$355.91		
16	06/25/2022	\$1,510.00	\$355.91		
17	06/25/2022	\$152,725.00	\$35,997.77		
18	06/25/2022	\$18,713.00	\$4,410.71		
19	06/25/2022	\$160.00	\$37.71		
20	06/25/2022	\$2,965.00	\$698.86		
21	06/25/2022	\$231.00	\$54.45		
22	06/25/2022	\$1,615.00	\$380.66		
23	06/25/2022	\$4,883.00	\$1,150.94		
24	06/25/2022	\$682.00	\$160.75		
25	06/25/2022	\$3,715.00	\$875.64		
26	06/25/2022	\$8,540.00	\$2,012.91		
27	06/25/2022	\$965.00	\$227.45		
28	06/25/2022	\$1,958.00	\$461.53		
	Totals	\$479,416.48	\$113,000.00	76%	\$84,275.79

You saved 76% or \$366416.48

2022 AUG 11 PM 4:38
 SHERIFF LEVY CO FL

Provider Fee: \$113,000.00
Admin Fee: \$84,275.79
Total Due to Prime Health Services: \$197,275.79

Please Remit Total Amount To: Prime Health Services, Inc.
P.O. Box 306143
Nashville, TN 37230-6143



** Payment is due upon receipt of this invoice **

APPROVED FOR PAYMENT

DATE 8/11/22

BY Ngou