

# FSA Inmate Medical Cost Management Plan



## New Member Form



Please fax or email this completed document to 850-893-7245 or [Huntbenefits@willis.com](mailto:Huntbenefits@willis.com)

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: \_\_\_\_\_

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: \_\_\_\_\_

Should you have any questions or need additional information, please contact the administrators of the FSA Inmate Medical Cost Management Plan, Hunt Insurance Group, LLC, at 1-800-763-4868 or Prime Health Services at 1-855-404-9857.