



# SANDHILLS CENTER

Managing Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Services  
910-673-9111 (FAX) 910-673-6202 www.sandhillscenter.org Victoria Whitt, CEO

## Provider Request for Dispute Resolution of an Action

1 <sup>st</sup> Level Dispute Request		2 <sup>nd</sup> Level Dispute Request
IPRS Services Only	Medicaid Services Only	Both IPRS & Medicaid Services

**Action:** An action is defined as an event in which Sandhills Center applies sanctions such as the requirement for a Plan of Correction, payback, referral freeze or termination of a contract. The action is the result of findings from audits, quality of services evaluations, investigations or reports by outside investigative authorities.

*The following must be in ink or type written and must be easily legible. Additional information may be attached to the request. Please do not use this form for re-evaluation of authorization issues or claims denials.*

Provider Alpha ID #:	
Provider Name: (Agency or LIP)	
Principal, Director or CEO:	
Address:	
Phone:	Email:
Date of Sandhills Center Action:	
Nature of Sandhills Center Action:	
Reasons for Request for Reconsideration:	
Desired Outcome:	
Signature of Authorized Agency Official <i>above this line</i>	
Printed Name of Official <i>above this line</i>	
Date of Request:	
<p style="text-align: center;">Mail Original form to the following:  Network Operations Program Director – Appeals  P.O. Box 9  West End, NC 27376</p> <p style="text-align: center;"><i>Appeal request forms may be scanned &amp; sent via email along with supporting documentation.</i></p>	

Disputes Resolutions Form qmcappd 09-22-15

P.O. Box 9, West End, NC 27376  
24-Hour Access to Care Line: 800-256-2452  
TTY: 1-866-518-6778 or 711  
Serving Anson, Guilford, Harnett, Hoke, Lee, Montgomery,  
Moore, Randolph & Richmond Counties

