



# 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

## Out of Network Application

<b>Date of Request:</b>				
<b>Funding Requested:</b>	Medicaid	IPRS/State	<b>Medicaid Enrolled Provider:</b>	Yes No
<b>Provider Type</b>				
Agency	Agency/ Licensed Facility	Licensed Independent Practitioner	Group Practice	Facility Only
<b>Tax Classification:</b>				
Individual/sole proprietor or single member LLC		C-Corporation		
S Corporation		Partnership		
Trust/estate		Limited liability company		
Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership)				
Other:				
<b>Provider Name (as listed in NC Tracks):</b>				
<b>DBA Name (if applicable):</b>				
<b>Federal Tax ID:</b>				
<b>Corporate Address</b>				
<b>Agency Mailing Address (if different from corporate address):</b>				
<b>Agency Billing Address:</b>				

### AGENCY CONTACT INFORMATION:

	NAME	TITLE	PHONE	E-MAIL
<b>CEO/Director/Owner (Person authorized to sign contract)</b>				
<b>Primary Contact</b>				
<b>Primary Clinical Contact</b>				
<b>Billing Contact</b>				

Is national accreditation required for the service being requested?	Yes	No
If yes, list accrediting body/number of years accredited & accreditation expiration date:		
Does agency/LIP currently have a network contract with another LME/MCO?	Yes	No
If yes, please list LME/MCO(s):		
Has applicant agency/LIP been sanctioned, placed on probation, lost accreditation/certification?		
Yes	No	If yes, please explain below.

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





**CLIENT INFORMATION**

Full Name:

Current Address:

Medicaid #:

Date of Birth:

Does this client require special accommodations?

Yes

No

If yes, please specify below.

**This Section to be completed by LME/MCO**

LME/MCO Approved Service Start Date:

**REQUIRED ATTACHMENTS**

1. Certificates of Insurance (Professional Liability and Worker's Compensation insurance, if applicable, Commercial and General Liability)
2. Copies of required licenses (DHSR, Professional Licenses)
3. W-9
4. EFT Agreement
5. Trading Partner Agreement
6. SAR and other clinical documentation
7. List of Ownership Disclosure