



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

CLAIMS INQUIRY/RESOLUTION FORM

To be completed and mailed to:

SANDHILLS CENTER

Claims Department

P.O. Box 9

West End, NC 27376

Or Fax To: 910-673-7994

Please Check:

Claims Inquiry (Unpaid) Void & Replace Time Limit Override Third Party Override
 Refunds Appeals Other (please explain) _____

Include Sandhills Center EOB (Explanation of Benefits)

Provider Name: _____

Consumer's Name: _____ Client Medicaid number: _____

Date of Service(s): _____

Procedure Code: _____ ICN Number (s): _____

Check Number: (If applicable) _____ Check Date: _____

Please Specify Reason for Inquiry Request:

**Point of Contact Name: (Print) _____ Signature: _____

Date: _____ **Phone#: _____

**Required for Claims Representative if additional information is needed.

TO BE USED BY LME CLAIMS REPRESENTATIVE ONLY

Approving Authority Signature/Date: _____ Approved: _____ Disapproved: _____

Remarks:

P.O. Box 9, West End, NC 27376
24-Hour Access to Care Line: 800-256-2452
Serving Anson, Guilford, Harnett, Hoke, Lee, Montgomery,
Moore, Randolph & Richmond counties

