



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

Health Insurance Information Notification Form

(Please Print)

Consumer Name: _____

CI Client No: _____ Date of Birth: _____

Health Ins. Co. Name (1): _____ Policy No. _____

Health Ins. Co. Name (2): _____ Policy No. _____

Reason for Notification

____ Consumer was never covered by or added to above policy(s) (EOB attached or contact info)

____ Consumer's insurance coverage terminated/Date coverage termed. (EOB attached or contact info)

____ New policy not indicated on Medicaid ID card (EOB or copy of insurance card attached)

Indicate type coverage:

____ Major Medical	____ Hospital/Surgical	____ Basic Hospital
____ Dental Only	____ Accident/Indemnity	____ Nursing Home
____ Vision Only	____ Prescriptions Only	____ Medicare Supplement

Contact Information

Insurance Carrier: _____

Contact Person: _____

Telephone Number: _____

Attach original claim, a copy of the EOB or a copy of insurance card and submit to: Sandhills Center/Claims Department, P.O. Box 9, West End, NC 27376. If you have any questions please contact Claims Department at 910-673-9111.

Provider Name: _____ Provider Number: _____

Submitted By: _____ Date Submitted: _____

Telephone Number: _____

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

