



# 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  
PO Box 9  
WEST END, NC 27376  
Or Fax To: 910-673-7022

Please Check:

Claims Inquiry (Unpaid)  Void & Replace  Time Limit Override  Third Party Override  
 Refunds  Appeals  Other \_\_\_\_\_

### Include Sandhills Center EOB (Explanation of Benefits)

Provider Name: \_\_\_\_\_

Consumer's Name: \_\_\_\_\_ Client Medicaid number: \_\_\_\_\_

Date of Service(s): \_\_\_\_\_

Procedure Code: \_\_\_\_\_ ICN or CLM Header Number(S) \_\_\_\_\_

Check Number: (If applicable) \_\_\_\_\_ Check Date: \_\_\_\_\_

Please Specify Reason for Inquiry Request:

**\*\*Point of Contact Name: (Print)** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **\*E-mail Address** \_\_\_\_\_ **\*Phone#:** \_\_\_\_\_

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

### TO BE USED BY MCO/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: 1-800-256-2452  
TTY: 1-866-518-6778 or 711  
Serving Anson, Guilford, Harnett, Hoke, Lee, Montgomery,  
Moore, Randolph & Richmond counties



ACCREDITED  
Health Call Center  
Expires 05/01/2022

ACCREDITED  
Health Utilization  
Management  
Expires 05/01/2022

ACCREDITED  
Health Network  
Expires 05/01/2022