



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 st Level Dispute Request		2 nd 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:	
Mail Original form to the following: Network Operations Program Director – Appeals P.O. Box 9 West End, NC 27376 <i>Appeal request forms may be scanned & sent via email along with supporting documentation.</i>	

Disputes Resolutions Form qmcappd 09-22-15

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

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