



SANDHILLS CENTER

Managing Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Services
 910-673-9111 (FAX) 910-673-6202 www.sandhillscenter.org

Emergency Department Services

PROVIDER ENROLLMENT / MEDICAID REIMBURSEMENT REQUEST FORM

| | | | |
|--|-------------------------------|--------|---------------|
| Entity Type | Hospital Physician Group | | |
| Legal Facility Name | | | |
| Physical Address | Street Address: | | |
| | City: | State: | Zip Code + 4: |
| Billing Address | Street Address: | | |
| | City: | State: | Zip Code + 4: |
| Contact Name | | | |
| Contact Phone Number (s) | | | |
| Contact Email Address | | | |
| Taxonomy Code | | | |
| Tax ID # | | | |
| Medicaid #/NPI # (s) <i>(Please list all provider associated Medicaid/NPI pairs you intend to use.)</i> | | | |
| Effective Date: | | | |

For general inquiries, please contact the Sandhills Center's Help Desk
providerhelpdesk@sandhillscenter.org or phone: 1-855-777-4652

PROVIDER BILLING OPTIONS

| Provider Electronic Billing | Billing Questions | Paper Claims Process Billing, Finance Contact Representatives/Claims Specialists |
|--|--|---|
| Please access the following link to complete and submit the TRADING PARTNER AGREEMENT (TPA) – Electronic Data Interchange (EDI). This document constitutes an agreement for exchanging Electronic Data Interchange (EDI) between the Trading Partner, provider, and Sandhills Center. http://www.sandhillscenter.org/for-providers/provider-forms/ | billing@sandhillscenter.org | Access Finance webpage for technical assistance: http://www.sandhillscenter.org/for-providers/provider-forms/ |