



SANDHILLS CENTER

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

Physical and Behavioral Health Single Case Agreement (SCA) Application *For Ongoing Patient-Specific Care by Out of Network Providers or Non-Contracted Patient-Specific BH/SUD/IDD Service Code(s) for Contracted Behavioral Health Providers

Date of Request:						
Funding Requested:		Medicaid	IPRS/State	Medicaid Enrolled Provider:	Yes	No
Provider Type						
Agency	Residential Provider	Solo LIP	Group Practice	Physical Health Provider		
Provider Name (as listed in NC Tracks):						
DBA Name (if applicable):						
Federal Tax ID:						
Corporate Address:						
Agency Mailing Address (if different from corporate address):						
Agency Billing Address:						

AGENCY CONTACT INFORMATION				
	NAME	TITLE	PHONE	E-MAIL
CEO/Director/Owner (Person authorized to sign contract)				
Primary Contact				
Primary Clinical Contact				
Billing Contact				

Is national accreditation required for the service being requested?	Yes	No
If yes, list accrediting body/number of years accredited & accreditation expiration date:		

SERVICE LOCATION INFORMATION				
Site Address:				
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip+4</i>	<i>County</i>
Site License Type, if applicable:				
NPI Number(s) linked with site:				

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, Davidson, Guilford, Harnett, Hoke, Lee,
 Montgomery, Moore, Randolph, Richmond and
 Rockingham counties



