



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

