



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

Health Insurance Information Notification Form

(Please Print)

Consumer Name: _____

Client No: _____ Date of Birth: _____

Health Ins. Co. Name (1) _____ Policy No. _____

Health Ins. Co. Name (2) _____ Policy No. _____

Reason for Notification

___ Consumer was never covered by or added to above policy(s) **(EOB attached or contact info)**

___ Consumer's insurance coverage terminated/Date coverage termed _____ .

(EOB attached or contact info)

___ New policy not indicated on Medicaid ID card **(EOB or copy of insurance card attached)**

Indicate type coverage:

___ Major Medical ___ Hospital/Surgical ___ Basic Hospital

___ Dental Only ___ Accident/Indemnity ___ Nursing Home

___ Vision Only ___ Prescriptions Only ___ Medicare Supplement

Contact Information

Insurance Carrier: _____

Contact Person: _____

Telephone Number: _____

Attach original claim, a copy of the EOB or a copy of insurance card and submit to: Sandhills Center/Claims Department, P.O. Box 9, West End, NC 27376 or e-mail to Billing@sandhillscenter.org. If you have any questions please contact Claims Department at 910-673-9111.

Provider Name: _____

Provider Number: _____

Submitted By: _____

Date Submitted: _____

Telephone Number: _____

E-mail: _____

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