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 Payment Agreement

Please complete all fields

Provider Legal Business Name:		Date of Request:
DBA Name (if applicable):		
Provider Type		
◯ Agency	◯ Hospital	◯ Licensed Independent Practitioner
◯ Group Practice	◯ CABHA	◯ Facility Only
Classification		
◯ Not for Profit	◯ C-Corp	◯ S-Corp
◯ Sole Proprietorship	◯ Limited Liability Partnership	◯ Cooperative
◯ Government	◯ General Partnership	◯ Limited Liability Corp (LLC)
Physical Address (Street, City, State, Zip+4)		
Mailing Address (if different):		
Phone Number:	Email Address:	
Federal Tax ID #:	Medicaid Number:	
NPI Number:	Taxonomy Number:	
***Additional required for Licensed Independent Practitioner (LIP):**		
Social Security #:	Date of Birth:	
Name as it appears on Degree:		
Highest Degree	Date Earned:	
Academic Institution:		
Consumer Information		
Consumer Name:		
Consumer's Date of Birth:		
Consumer's Medicaid Number:		
Date(s) of Service: (start date and end date; see #6 below)		
Service Code(s) with Service Description:		

Notice to Provider

Please note: For hospitals, the PPA is used for inpatient care only. Services provided in the Emergency Department of a hospital do not require a PPA, but should be billed directly.

Please see ED Billing link here: http://www.sandhillscenter.org/for-providers/emergency-department-claims-from-out-of-network-hospitals/ .

Please send the completed Provider Payment Agreement with the additional required documentation to: Connie Brown at connieb@sandhillscenter.org or fax to (336) 389-6127 or mail to Sandhills Center, Attn: Contracts Unit, 201 N. Eugene Street, Greensboro, NC 27401.

The following documents must be included in the packet in order to process your payment request.

1. Signed Provider Payment Agreement
2. Proof of professional liability insurance coverage. Note: Required coverage is $1,000,000 / $3,000,000.
3. Copies of provider's North Carolina licensure, current registration, and DEA certificate (if applicable).
4. Completed W-9 form.
5. Signed Trading Partner Agreement (TPA).
6. Completed Sandhills Center Service Authorization Request (SAR) form for all services.
    a. Under the *Request for Service* on the SAR, please include the service code and service description.
    b. The first date of service is the effective date.
    c. The last day of service is the end date. *(For inpatient services, the last date of service is the day prior to discharge. SHC does not reimburse for the day of discharge.)*
    d. The dates on the SAR should match the dates on the Provider Payment Agreement;
7. Copies of clinical notes for each day of service for which you are requesting reimbursement.
8. For inpatient services, copy of discharge summary as well as clinical notes for each day of service.

Timely Filing: Sandhills Center is strictly enforcing the timely filing of claims as posted on our website:

On our website, click on the "For Providers" tab, and then click on the "Timely Filing Guidelines" in the body of the web page.

http://www.sandhillscenter.org/for-providers/

Timely filing means that a submitted claim is complete and has been reviewed for medical necessity and approved for payment on or before the initial claims timely filing deadline.

The Provider underdstands and agrees that reimbursement rates are established by Sandhills Center and the Provider agrees to accept payment from Sandhills Center as payment in full. In the event an overpayment has been made to the Provider, Sandhills Center will provide an invoice to the Provider including the Enrollee's name and date(s) of service in question and the amount of overpayment. The Provider shall have thirty (30) days from the date of such notification to either appeal the determination or to remit the invoiced amount.

IN WITNESS WHEREOF:

The parties hereto have caused this Agreement to be signed by their respective Chief Officers and duly attested, the day, the month, and year first above written.

Sandhills Center	Provider Name
By: Signature above this line *Date*	*By: Signature above this line* *Date*
Victoria Whitt, CEO	
Printed Name and Title	
This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act. General Statute 159.	
By: Signature above this line *Date*	
Hannah Brown, Finance Director	