



# 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 Checklist		
Consumer:	Items Needed	Comments
ID #:		
Dates of Service:		
1. Signed Provider Payment Agreement		
2. Proof of professional liability insurance coverage* <i>*Note: Required coverage is \$1,000,000 / \$3,000,000</i>		
3. Copies of provider's North Carolina LIP licensure, current registration, and DEA certificate, if applicable		
4. Copy of provider's facility license, if applicable		
5. Completed W-9 Form		
6. Signed Trading Partner Agreement (TPA)		
7. For outpatient and residential services, a copy of the clinical assessment		
8. Completed Sandhills Center Service Authorization Request (SAR) form for all services: <ul style="list-style-type: none"> <li>• Under the Request for Service on the SAR, please include the service code and service description.</li> <li>• The first date of Service is the Start Date.</li> <li>• 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).</li> <li>• The dates on the SAR should match the dates on the Provider Payment Agreement.</li> <li>• For questions about completing the SAR, please contact the Provider Help Desk at 1 888 777-4652.</li> </ul>		
9. Copies of clinical notes for each day of service for which you are requesting reimbursement. For residential services only, please submit a copy of the PCP/ISP.		
10. For inpatient services, a copy of the discharge summary as well as clinical notes for each day of service		
11. Other		

P.O. Box 9, West End, NC 27376  
 24-Hour Access to Care Line: 800-256-2452  
 TTY: 1-866-518-6778 or 711

Serving Anson, Guilford, Harnett, Hoke, Lee, Montgomery,  
 Moore, Randolph & Richmond Counties

