



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

Refund Check Details

(To be completed by Provider and mailed with Refund Check)

PROVIDER INFORMATION

Provider Name: _____ Provider Contract: _____

Check Date: _____ Phone/Extension: _____

Check Amount: _____ Email Address: _____

REFUND CHECK INFORMATION

Consumer: _____ RA Claim Number: _____

Service Code: _____ Provider Direct Number: _____

Service Date (s): _____

REFUND CHECK INFORMATION

Consumer: _____ RA Claim Number: _____

Service Code: _____ Provider Direct Number: _____

Service Date (s): _____

REFUND CHECK INFORMATION

Consumer: _____ RA Claim Number: _____

Service Code: _____ Provider Direct Number: _____

Service Date (s): _____

REFUND CHECK INFORMATION

Consumer: _____ RA Claim Number: _____

Service Code: _____ Provider Direct Number: _____

Service Date (s): _____

REFUND REASON

Provider Billing Error: _____ Patient Liability: _____ Other Primary Insurance: _____ Duplicate Payment: _____

Other (Reason): _____

Note: Attach all supporting documentation.

(FOR REIMBURSEMENT USE ONLY)

Deposit Date: _____ Comments: _____

Posted Date: _____

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
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