



State Corporation Commission
Bureau of Insurance – External Review
P.O. Box 1157
Richmond, VA 23218
Phone: 1-877-310-6560 Fax: (804) 371-9915
Email: externalreview@scc.virginia.gov

INDEPENDENT REVIEW ORGANIZATION

Application for Registration

1. Name of Independent Review Organization: _____

DBA: _____

Type of Entity (check one):

- Corporation
- Partnership
- Limited Liability
- Other (Describe) _____

FEIN: _____

Contact Person: _____

Business Telephone Number: () _____

Fax Number: () _____

Email Address: _____

2. Business Address:

Street (Do Not Use P.O. Box): _____

City: _____ State: _____ Zip: _____

Telephone Number: () _____

Website: _____

3. Mailing Address (if different from business address):

Street / P.O. Box: _____

City: _____ State: _____ Zip: _____

4. Contact Information to be used on the Bureau's Website of Approved Independent Review Organizations:

Contact Person: _____

Street (do not use P.O. Box): _____

City: _____ State: _____ Zip: _____

Business Telephone Number: () _____

Web Address: _____

5. Hours of Operation _____

6. Please supply the following information:

- a. The organization and governing structure of the independent review organization.
- b. The names of the health carriers for which you conduct independent reviews.
- c. A copy of your most recent certificate from American Accreditation Healthcare Commission (URAC) Standards for Independent Review Organizations.
- d. Biographical information for organization officers and directors.
- e. A list of specific areas of clinical expertise in which you conduct independent reviews, if applicable.
- f. A copy of your Certificate of Authority to do business in the Commonwealth of Virginia from the Virginia State Corporation Commission Clerk's Office.
- g. Schedule of fees.

7. Check Enclosed – NOTE: Fee has been waived.

8. Affirmation (to be signed by an officer or director of the independent review organization only):

I, _____ do hereby certify that
(Typed name, title)

(Independent Review Organization)

complies with the Independent Review Organization Standards of the American Accreditation Healthcare Commission (URAC) and has submitted evidence of accreditation by URAC for Independent Review, and that the persons responsible for the conduct of

(Independent Review Organization)

are competent, trustworthy, and possess good reputations, and have appropriate experience, training or education and do hereby affirm that all of the information presented in this application is true and correct.

The Independent Review Organization agrees to comply with all state and federal statutes and regulations pertaining to the external review process.

Signature

Date

Name printed and Title

Please mail completed application to:
State Corporation Commission
Bureau of Insurance – External Review
P.O. Box 1157
Richmond, VA 23218