

APPLICATION FOR CERTIFICATION AS A UTILIZATION REVIEW AGENT

Date of Filing: _____

Part I: General Information:

Type of Organization: _____	Business Hours: _____
Name of Organization: _____	Phone #: _____
D/B/A (if applicable): _____	Fax #: _____
Corporate Address: _____	
Site Address: _____	

Part II: Contact Information

Name/Title of Contact Person: _____	
Mailing Address to send correspondence: _____	
Telephone Number: _____	Fax Number: _____
E-Mail Address: _____	

Part III: Compliance with Standards

Is the Organization accredited by URAC (Utilization Review Accreditation Commission)?: _____

If yes (URAC Agencies),:

1. Attach copy of current certificate of accreditation specific to Health Utilization Management Standards with this application.
2. Complete Attachment A (Additional UR sites). Complete this item even if there are no additional sites.

If no (Non-URAC Agencies), include with the application:

1. A copy of your policies and procedure which support compliance with the §Code of Alabama 27-3A-5
2. A copy of the complaint and appeals procedures for utilization review determinations.
3. Attachment A ("Additional UR Sites"). Complete this item even if there are no additional sites. Select "none" if there are no additional sites and submit attachment with application.

Part IV: Filing Fee

Organizations that are accredited by URAC are exempt from paying a filing fee.

Non-URAC organizations must submit an one thousand dollars (\$1,000) filing fee made payable to the Alabama Department of Public Health.

ADDENDUM TO APPLICATION FOR CERTIFICATION OR RENEWAL OF CERTIFICATION AS A UTILIZATION REVIEW AGENT

I do solemnly swear or affirm that I am familiar with the laws of Alabama relating to utilization review agents; that I have complied with all of the requirements of the Code of Alabama §27-3A-5; that all of the foregoing information, the addendum, and documentary evidence submitted is true, complete to the best of my knowledge and belief.

Name of Organization: _____

Name of Applicant (Type or Print): _____

Title of Applicant: _____

Signature of Applicant: _____
(Applicant should be the senior official of the organization)

Code of Alabama §30-3-194 requires state agency to collect applicant social security number for the issuance or renewal of licenses; certificates, or permits. This information will be held confidential and will not be provided as public record. Applicants and renewing utilization review agents not providing this information will be denied the privilege of conducting utilization review in Alabama.

Applicant's Social Security Number*:
***(Federal ID numbers or company ID numbers are not acceptable):** _____

AFFIRMATION

Subscribed and sworn to before me this day of _____

Notary Public: _____