

Alabama Department of Public Health
Bureau of Health Provider Standards
Division of Managed Care Compliance
201 Monroe Street, Suite 710
Montgomery, AL 36104
(334) 206-5366

Renewal Application for Non-URAC Agents

Important: The certification period for Non-URAC agencies begins 1 July and ends 30 June each year.

Name of Organization: _____	D/B/A (if applicable): _____
Home/Corporate Address: _____	Business Hours: _____
UR Site Address:(if different from Corporate): _____	Phone #: _____

CONTACT INFORMATION:

Name & Title of Person to contact regarding this renewal: _____

Mailing Address (related to this site if different from above): _____

Phone #: _____ **Fax #:** _____ **E-Mail Address:** _____

After submission, notify this office within 30 days of any changes to required information.

Enclosures:

- \$1,000 fee made payable to "Alabama Department of Public Health"
 - Policy & Procedure Checklist Form: Red line comparisons of revised policies. Submit clean copies of revised/new policies
 - A copy of the complaint and appeal process.
 - Policy Attestation Statement
 - Attachment A with contact person information for each UR Site. Each UR site requires a separate renewal application
- Send red line comparison documents with the clean original for review and approval.

ADDENDUM:

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

Name: _____ **Title:** _____

Social Security #: _____ **Authorized Signature:** _____
(Must be a senior official of the organization)

AFFIRMATION:

Sworn to and subscribed before me this day _____

Signature and Seal of Notary Public