



**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 doing business in Virginia 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 for the July 2011 – June 2013 biennium.

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