



**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**

**Health Carrier External Review Annual Report Form**

**External Review Annual Summary for 20\_\_\_\_\_.**

**Due on April 1 for previous calendar year.**

Each health carrier shall submit an annual report with information in the aggregate for all external reviews conducted pursuant to Virginia law.

1. Health carrier name: \_\_\_\_\_

2. Health carrier address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

3. Health carrier Web site: \_\_\_\_\_

4. Name and title, email address, phone and fax number of the person completing this form:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Total number of external review requests received: \_\_\_\_\_

6. Total number of requests determined eligible for a full external review: \_\_\_\_\_

7. Total number of external review requests completed to final decision: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this form to:**  
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