



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
**CERTIFICATE OF REGISTRATION APPLICATION
 FOR UTILIZATION REVIEW AGENTS**

Email Application to: dci.ins.deposit@insurance.mo.gov
 Mail: Missouri Department Of Commerce And Insurance
 PO Box 4001
 Jefferson City, MO 65102
 Questions: regulatory.services@dci.mo.gov

NEW APPLICATION RENEWAL APPLICATION

FOR THE REGISTRATION PERIOD **NAIC COCODE/GROUP (if applicable)**

THIS APPLICATION FOR CERTIFICATION AS AN UTILIZATION REVIEW AGENT IS MADE BY:

1. NAME	FEIN
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2. THE APPLICANT IS THE FOLLOWING TYPE OF BUSINESS ENTITY; CHECK ONLY ONE (1) ENTITY:
 INDIVIDUAL PARTNERSHIP CORPORATION LLC OTHER

3. BUSINESS STREET ADDRESS (STREET, CITY, STATE, ZIP CODE) (DO NOT USE A POST OFFICE BOX)

4. BUSINESS MAILING ADDRESS (STREET OR POST OFFICE BOX, CITY, STATE, ZIP CODE)	EMAIL OF CONTACT
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5. BUSINESS TELEPHONE NUMBER ()	COMPANY WEBSITE
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6. IF APPLICANT IS A CORPORATION, THEN PROVIDE THE STATE OF INCORPORATION

7. PLEASE LIST ANY OTHER LICENSES ISSUED BY THE MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE

8. LIST ALL OTHER LOCATIONS, PROVIDING COMPLETE ADDRESSES AND TELEPHONE NUMBERS (ATTACH A SEPARATE SHEET TO THE APPLICATION IF NECESSARY)

ADDRESS (P.O. BOX, STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER

9. PROVIDE THE NAMES, TITLES AND BUSINESS ADDRESSES OF ALL OFFICERS, DIRECTORS, AND PARTNERS

NAME	TITLE	BUSINESS ADDRESS

10. NAME, ADDRESS, AND PROFESSIONAL MEDICAL LICENSE NUMBER OF YOUR MISSOURI LICENSED MEDICAL DIRECTOR (376-1361.2 RSMO.)

NAME	BUSINESS ADDRESS	MISSOURI LICENSE #

11. Has the applicant, or any one (1) if its incorporators, owners, partners, officers, directors or employees performing utilization reviews had any of the following, in this state or any other state, since the last application for renewal was filed:

Yes No

an application for a utilization review agent license or similar license denied, revoked, or suspended




paid a fine or forfeiture in connection with such license

had any professional, vocational or business license denied, suspended or revoked by any public authority

If the answer to any item is yes, then attach a complete explanation.

12. Attach a PAYMENT made payable to the Missouri Department of Commerce and Insurance in the total amount of \$1,000. Hereafter the annual registration fee of \$500 is due not later than the anniversary date of the original certification.

13. The applicant certifies that s/he has completed this application or that s/he has read the application and knows its contents and its attachments; that to the best of his/her knowledge and belief the statement made upon this application and upon all attachments is true, correct, and complete in every material respect; do not contain any statement which, under the circumstances under which it was made, would be false or misleading in respect to any material fact; and that s/he has read and understands the laws of the state of Missouri pertaining to utilization review and utilization review agents. The applicant further certifies, that it complies with all laws regulating Utilization Review Agents, including Sections 374.510 and 376.1350 - 376.1390, RSMo.

IF THE APPLICANT IS AN INDIVIDUAL	INDIVIDUAL SIGNATURE 
	TYPE INDIVIDUAL NAME
IF THE APPLICANT IS A PARTNERSHIP	PARTNER SIGNATURE 
	TYPE MANAGING GENERAL PARTNER NAME
IF THE APPLICANT IS A CORPORATION/LLC	OFFICER SIGNATURE 
	TYPE OFFICER NAME AND TITLE

Email Completed Application and Attachments to: dc.ins.deposit@insurance.mo.gov
Applications submitted via email will receive a response email outlining convenient electronic payment instructions.

OR

Mail Completed Application and Attachments To:
MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE

P.O. Box 4001

Jefferson City, MO 65102

Payment will be in the form of a check or money order.



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
CLIENT INFORMATION FOR UTILIZATION REVIEW AGENTS

CLIENT NAME	NAIC CODE	COMPLETE ADDRESS	PHONE NUMBER	CONTACT NAME	CONTACT EMAIL ADDRESS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					