Print Reset

STATE OF MISSOURI
DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS & PROFESSIONAL REGISTRATION

# CERTIFICATE OF REGISTRATION APPLICATION FOR UTILIZATION REVIEW AGENTS

☐ NEW APPLICATION
☐ RENEWAL APPLICATION

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

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

1. NAME | FEIN

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

5. BUSINESS TELEPHONE NUMBER ( ) | COMPANY WEBSITE

6. IF APPLICANT IS A CORPORATION, PROVIDE THE STATE OF INCORPORATION

7. PLEASE LIST ANY OTHER LICENSES ISSUED BY DIFP

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 AND RESIDENTIAL ADDRESSES OF ALL OFFICERS, DIRECTORS AND PARTNERS**

| NAME | RESIDENTIAL ADDRESS |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

10. **NAME, ADDRESS, AND PROFESSIONAL MEDICAL LICENSE NUMBER OF YOUR MISSOURI LICENSED MEDICAL DIRECTOR** (376-1361 RSMo.)

| NAME | ADDRESS | MISSOURI LICENSE # |
|---|---|---|
| | | |
| | | |



Printed On 04/08/2010

11. Has the applicant, or any one (1) of 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 anniversary date of the original certification:

| 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 cashier's check or money order made payable to the Missouri Department of 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, being first duly sworn, states 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 are true, correct and complete in every material respect. Do not contain any statement which, under the circumstances in which it was made, would be false or misleading in respect to any material fact. 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, under oath, 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 ☒<br>TYPE INDIVIDUAL NAME |
| IF THE APPLICANT IS A **PARTNERSHIP** | PARTNER SIGNATURE ☒<br>TYPE MANAGING GENERAL PARTNER NAME |
| IF THE APPLICANT IS A **CORPORATION/LLC** | OFFICER SIGNATURE ☒<br>TYPE OFFICER NAME AND TITLE |

**NOTARY PUBLIC**

| | | | |
|---|---|---|---|
| NOTARY PUBLIC EMBOSSER SEAL | STATE OF | | COUNTY |
| | SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF | | |
| | NOTARY PUBLIC SIGNATURE | MY COMMISSION EXPIRES | USE RUBBER STAMP IN CLEAR AREA BELOW |
| | NOTARY PUBLIC NAME (TYPED OR PRINTED) | | |

14. MAIL THIS COMPLETED APPLICATION TO:

**MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION**
MANAGED CARE SECTION ATTN: UR AGENTS
PO BOX 4001
JEFFERSON CITY, MO 65102

# STATE OF MISSOURI

## DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

### CLIENT INFORMATION FOR UTILIZATION REVIEW AGENTS

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