

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 cashier's check or money order 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, 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 under 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 
	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

NOTARY PUBLIC		
NOTARY PUBLIC EMBOSSEER 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 AND FEE TO:

MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
P.O. BOX 4001
JEFFERSON CITY MO 65102-4001



STATE OF MISSOURI
DEPARTMENT OF COMMERCE AND INSURANCE
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.				