



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
INSURANCE DIVISION – POLICY ANALYSIS SECTION
500 James Robertson Parkway, Fourth Floor
Nashville, TN 37243-1130
(615) 741-2825

**UTILIZATION REVIEW AGENTS
ANNUAL CERTIFICATION FORM**
Due July 1, 2009

DATE ____/____/____

UTILIZATION REVIEW AGENT—Name _____

d/b/a name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ - _____ Email _____

Normal Business Hours (CST)/Days _____

CONTACT PERSON

Name _____ Title _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ - _____ Email _____

I have attached a description of the appeal procedures for utilization review determinations in accordance with TCA § 56-6-704(b)(1)(C).

I have also attached: (1) a description of the procedures for review and making utilization review determinations; OR (2) proof of accreditation by the Utilization Review Accreditation Commission (URAC) or the National Committee for Quality Assurance (NCQA) in accordance with TCA § 56-6-705(b).

Print Name _____ Title _____

Signature _____

I hereby certify to the Commissioner that I am in compliance with TCA § 56-6-705.

Print Name _____ Title _____

Signature _____

Submit this form along with a fee of \$1,000 (make check payable to the Tennessee Department of Commerce and Insurance.) Note: Utilization review agents who have received accreditation from URAC are exempt from payment of the fee upon filing of proof of accreditation. If your accreditation does not continue through June 30, 2010, your certification to Tennessee ends on that date.

Any material change in the information on this form must be filed with the Commissioner within (30) thirty days of the change in accordance with TCA § 56-6-704(b)(2).