



Application for Medical Claims Review Agent

Check appropriate box for application requested.

- Initial Application – Fee \$150.00
 Renewal Application – Fee \$100.00
MCR License Number _____

Indiana Department of Insurance

For Dept. use only:

Date Fee Processed _____

Date Registration Processed _____

INSTRUCTIONS:

1. All Medical Claims Review Agent Licenses must be renewed annually. Initial application and renewal registration can be completed electronically at www.sircon.com/indiana
2. Medical Claims Review Agents are required to provide documentation that they are in compliance with each of the statutory and regulatory requirements necessary to be licensed as a Medical Claims Review Agent. Any material changes in the information on the application or renewal form previously submitted should be reported not later than the thirtieth (30th) day after the date on which the changes take effect.
3. **Initial Application:** Submit application, medical claims review checklist with documentation, and initial fee.
4. **Renewal Application:** Submit application and renewal fee. Checklist with documentation is only required for changes since the last renewal.
5. Any change resulting in a **new tax EIN#** is considered an initial application.

Corporate Demographics

Name of Medical Claims Review Entity

D/B/A Name

FIN/EIN Number

Address (If P.O. Box address, also include street address)

City

State

Zip Code

Telephone Number

Toll Free Number

Fax Number

Name of Contact Person

Telephone Number

E-mail Address

Certification

This company, through its duly authorized officer, hereby applies for the registration authorizing it to operate as a medical claims review agent in the State of Indiana, and does hereby swear that all responses, information, exhibits and documentary evidence submitted in support of this application are true and correct.

Renewal Application Certification: (check one)

- I certify that there have been no changes to any application information and documentation submitted during the last year; or

- I certify that there have been changes to the previously submitted application information and documentation and have attached the revised documentation.

- New Application Certification**

Certified by:

Signature of Applicant

Title

Date

Printed Name