



INDIANA DEPARTMENT OF INSURANCE

20__ ANNUAL REPORT OF

THE

(Name of the Independent Review Organization)

(IRO License #)

LOCATED IN

(CITY AND STATE)

*As required by IC 27-8-29-19(c)(3) and IC 27-13-10.1-8(c)(3)
of the Indiana Insurance Code*

*To be filed with the IRO Coordinator no later
than March 1st following the end of the IRO Renewal
Date*

Company	Date Received	Case Number	Diagnosis	Procedure Under Review	Upheld (U) Overturn(O)	Average Number of days

Total Cases = _____

Total Overturn= _____

Total Upheld = _____

Total Partial = _____

Cancelled Cases = _____

Expedited Cases = _____

Routine Cases = _____

Please submit the IRO Annual Report to the following
Attn: IRO Coordinator
 Indiana Department of Insurance
 311 W. Washington St., Suite 300
 Indianapolis, IN 46204-2787

