



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) & IC 27-13-10.1-8(c)(3)
of the Indiana Insurance Code*

*File with the IRO Coordinator
no later than March 1st by paper or email to compliance@idoi.in.gov*

(revised 2019)

Instructions:
This report should include external reviews requested for fully insured health insurance policies only.
Do not include external reviews for Medicaid, Medicare or self-funded coverages.

Group by insurance company, chronologically dated.

Insurance Company	Date Received	Insured ID	Code (see below)	Company Position: Upheld (U) Overturned (O) Pending (P)	Date Completed	Comments

Total Cases _____

Total Overturn _____

Total Upheld _____

Total Pending _____

Code-1 Canceled Case

Code- 2 Expedited Case

Code- 3 Standard Case

Code- 4 Partial Case