



Application for Independent Review Organization

Check appropriate box for application requested.

- Initial Application – Fee \$250.00
 - Renewal Application – Fee \$200.00
- IRO License Number _____

Indiana Department of Insurance

For Dept. use only:

Date Fee Processed _____

Date Registration Processed _____

INSTRUCTIONS:

1. All Independent Review Organization Licenses must be renewed annually. Renewals can be submitted on line at www.sircon.com/Indiana.
2. Independent Review Organizations are required to provide documentation that they meet each of the statutory and regulatory requirements necessary to be licensed as an Independent Review Organization. If there has been no change in the documentation submitted for your last renewal application, submit this completed application and the renewal fee. If there has been any substantive change to the documentation submitted since your last renewal application or new application filed, submit the revised documentation with this completed application, the completed application checklist and renewal fee.
3. Please notify the Department of Insurance of any material change of any information set forth in this application within thirty (30) days of the change. **A change in Employer Tax Identification number requires a new application, application fee and supporting documentation which should be submitted with the notice of material change.**
4. Please print or type responses to the questions below.

Demographics

Incorporated Name of Independent Review Organization

D/B/A Name

FIN/EIN Number

Address (If P.O. Box address, please list street address as well)

City

State

Zip Code

Telephone Number

Toll Free Number

Fax Number

Name of Contact Person

Telephone number

E-mail Address

Independent Review Organizations are required to submit an IRO Annual Report by March 1, providing the following information:

- A. The number and percentage of determinations made in favor of the covered individuals.
- B. The number and percent of determination made in favor of insurers.
- C. The average time to process a determination.
- D. The information must be specified for each insurer for which the independent review organization performed reviews during the reporting year.

Has the Department been provided with the IRO Annual Report for the previous year?

Yes No

If not, please provide the IRO Annual Report with the renewal application. (If the annual report has not been received, the Department will not process the renewal application until the annual report has been provided.)

The IRO Annual Report Form is available on the Department's website at: www.in.gov/idoi/2379.htm

Certification

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**

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

Certified by: _____

Signature of Applicant	Date	Printed Name of Signature	Title
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Please mail completed application, checklist, fee and other documents to:

Attn: IRO Coordinator
Indiana Department of Insurance
311 W. Washington Street
Indianapolis, IN 46204-2787