



# 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 expire on December 31<sup>st</sup>, and must be renewed annually.
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 with your last renewal application or new application filed since January 1st, 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 ownership 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:

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**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.

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- 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.

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Certified by:

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Signature of Applicant

Date

Printed Name of Signature

Title

Please mail completed application, checklist, fee and other documents to:

Attn: IRO Coordinator  
Indiana Department of Insurance  
311 W. Washington St., Suite 300  
Indianapolis, IN 46204-2787