



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
INSURANCE DIVISION – POLICY ANALYSIS SECTION  
500 James Robertson Parkway, Fourth Floor  
Nashville, TN 37243-1130  
(615) 741-2825

**UTILIZATION REVIEW AGENTS  
ANNUAL CERTIFICATION FORM**  
Due July 1, 2011

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

UTILIZATION REVIEW AGENT—Name \_\_\_\_\_

d/b/a name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Normal Business Hours (CST)/Days \_\_\_\_\_

CONTACT PERSON

Name \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

I have attached a description of the appeal procedures for utilization review determinations in accordance with TCA § 56-6-704(b)(1)(C).

I have also attached: (1) a description of the procedures for review and making utilization review determinations; OR (2) proof of accreditation by the Utilization Review Accreditation Commission (URAC) or the National Committee for Quality Assurance (NCQA) in accordance with TCA § 56-6-705(b).

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_

I hereby certify to the Commissioner that I am in compliance with TCA § 56-6-705.

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_

Submit this form along with a fee of \$1,000 (make check payable to the Tennessee Department of Commerce and Insurance.) Note: Utilization review agents who have received accreditation from URAC or NCQA are exempt from payment of the fee upon filing of proof of accreditation. If your accreditation does not continue through June 30, 2012, your certification to Tennessee ends on that date.

**Any material change in the information on this form must be filed with the Commissioner within (30) thirty days of the change in accordance with TCA § 56-6-704(b)(2).**