

Independent Review Organization (IRO) Application

Type of Application (must check one)

- Original Application: **Fee - \$1,000**
- Renewal Application: **Fee - \$400**, IRO Certification Number _____
- Update / Change to Original Application: **No Fee**, IRO Certification Number _____

Organizational Information

Name of Applicant _____ FEIN _____

Primary Office Address (Do not use PO Box) _____

City _____ State _____ ZIP _____

Mailing Address (if different) _____

City _____ State _____ ZIP _____

Official Email Address _____

Office Telephone Number _____ Fax Number _____

Applicant Organizational Category (check one)

- Corporation Limited Liability Corporation Partnership Association Other _____

Contact Information

Name of Primary Contact Person _____

Email _____

Mailing Address _____

City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Primary Contact for Complaints

Name _____

Email _____

Address (do not use PO Box) _____

City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Certification of Compliance and Verification

I, _____ (Name of Affiant) being duly sworn, do hereby, in my official capacity as _____ (CEO, COO, Chairman of the Board, President, Partner, or Attorney) for the applicant, certify that I have read and understood the foregoing application and attachments and that the answers are true and correct and further that I am familiar with the insurance statutes and rules that relate to independent review in Texas [[TIC Chapter 4202](#); [28 TAC Chapter 12](#); and applicable Texas Labor Code provisions and rules of the Division of Workers' Compensation including [28 TAC Section 133.308](#)]. Additionally, I do hereby certify under penalty of applicable law that the applicant is not a subsidiary of, or in any way owned or controlled by, a payor or a trade or professional association of payors. I further state that I understand this to be a condition of licensure and any violation of this prohibition will result in forfeiture of certification as an Independent Review Organization and other administrative penalties are possible.

Full Legal Name _____ Title _____

Signature _____ Date _____

The State of _____

County of _____

Before me, _____, a notary public in and for the State of _____, on this day personally appeared _____, known to me, or proved to me on the oath of _____, or through _____, to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he or she executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____ 20_____.

Notary Public Signature _____

Affix Notary Seal Here

Original Application Only – Required Application Exhibits

Exhibit 1: Independent Review Plan [28 TAC Section 12.103\(1\)](#) and [28 TAC Section 12.201](#)

Exhibit 2: Confidentiality [28 TAC Section 12.103\(2\)](#) and [28 TAC Section 12.208](#)

Exhibit 3: Certifications

- Attachment A: Certification of Review Criteria. [28 TAC Section 12.103\(1\)\(C\)](#) and [28 TAC Section 12.201\(3\)](#)
- Attachment B: Certification of Compliance. [28 TAC Section 12.103\(3\)](#)
- Attachment C: Certification of Primary Office. [28 TAC Section 12.103\(13\)\(A\)-\(E\)](#)

Exhibit 4: Personnel and Credentials

- Attachment A: A description of personnel and their credentials and a completed profile for each physician and provider. [28 TAC Section 12.103\(4\)](#) and [28 TAC Section 12.202](#)
- Attachment B: Procedure used to verify physician and provider credentials and the computer processes, electronic databases, and records used to make the verification. [28 TAC Section 12.103\(4\)\(A\)](#)
- Attachment C: Credentialing software used by the applicant for managing the processes, databases, and records. [28 TAC Section 12.103\(4\)\(B\)](#)

Exhibit 5: Operations

- Attachment A: Hours of Operation. [28 TAC Section 12.103\(5\)](#) and [28 TAC Section 12.207](#)
- Attachment B: Communications, Records, and Computer Process. [28 TAC Section 12.103\(6\)](#)

Exhibit 6: Organizational Information

- Attachment A: Written evidence that the applicant is incorporated in this state, which may include a letter from the Texas Secretary of State. [28 TAC Section 12.103\(8\)\(A\)](#)
- Attachment B: The name, address and FEIN number of each stockholder or owner of more than 5 percent of any stock or options, for an applicant that is publicly held. [28 TAC Section 12.103\(8\)\(B\)](#)
- Attachment C: A chart showing the internal organizational structure of the applicant's management and administrative staff. [28 TAC Section 12.103\(8\)\(C\)](#)
- Attachment D: A chart showing contractual arrangements of the applicant including all contracts between the IRO and any person and all subcontracts with other persons to perform any business or daily functions of the IRO. [28 TAC Section 12.103\(8\)\(D\)](#) See sample of Chart of Contractual Arrangements, [form SN013](#)
- Attachment E: Copies of the contract and subcontract with any person that will perform IRO functions on behalf of the IRO. [28 TAC Section 12.103\(8\)\(E\)](#)
- Attachment F: Documentation from the comptroller demonstrating the applicant's good standing and right to transact business in this state. [28 TAC Section 12.103\(12\)](#)
- Attachment G: Nationally Recognized Accrediting Organization (if any). [28 TAC Section 12.103\(7\)](#)
- Attachment H: Percentage of Revenues. [28 TAC Section 12.103\(14\)](#)

- Attachment I: Holders of Bonds or Notes. [28 TAC Section 12.103\(9\)](#), Form [LHL710](#)
- Attachment J: Affiliation and Control. [28 TAC Section 12.103\(10\)](#)
- Attachment K: Relationships that represents revenue equal to or greater than 5% of total annual revenue or which represents a holding or investment worth \$100,000. [28 TAC Section 12.103\(11\)\(B\)](#)
- Attachment L: Identify relationships between applicant and any affiliate or other organization in which an officer, director or employee of the applicant holds a 5% or more interest. [28 TAC Section 12.103\(11\)\(C\)](#)
- Attachment M: A list of any currently outstanding loans or contracts to provide services between the applicant, affiliates, or any other person relating to any functions performed by or on behalf of the IRO. [28 TAC Section 12.103\(11\)\(D\)](#)

Exhibit 7: Biographical Information

- Attachment A: Biographical information about officers, directors, and executives, including information requested in the biographical affidavit. [28 TAC Sections 12.103\(11\)](#), [12.102\(b\)](#). Form [11, NAIC Biographical Affidavit](#)
- Attachment B: Biographical Addendum for each officer, director, and executive. [28 TAC Section 12.103\(11\)\(B\)](#). Form [FIN589](#)
- Attachment B: Fingerprints for each officer, director, and executive of the applicant in compliance with [28 TAC Section 1.503](#), and [28 TAC Section 1.504](#). [28 TAC Section 12.103\(11\)\(A\)](#)
- [Applicant Fingerprinting Instructions](#)
- Attachment C: Enforcement Actions against Individuals Subject to Fingerprinting. [28 TAC Section 12.103\(15\)](#)

Renewal Application Only – Required Application Exhibits

Submit the completed IRO application form and the renewal fee. [28 TAC Section 12.108](#)

- Exhibit 1: Certification that no material changes exist that have not already been filed with the department. [28 TAC Section 12.108](#)
- Exhibit 2: Certification of Primary Office. [28 TAC Section 12.103\(13\)\(A\)-\(E\)](#)

Update Application Only – Required Application Exhibits

Submit the completed IRO application form. No fee.

- Exhibit 1: **Report Material Changes** - Provide a list and explanation, on company letterhead and signed by an authorized representative, of any material changes to the information disclosed in an original or renewal application within 30 days of the change taking effect. [28 TAC Section 12.110](#)
- Exhibit 2: **Provide Material Changes** - Submit a **redline** version of the material changes by striking through the superseded language and underlining the new language (for example, ~~strikethrough~~ and underline).

Questions

If you have questions or require assistance regarding completion of this form, please call 512-676-6400 and select Option 2 or email URAGrp@tdi.texas.gov.

Your rights

You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, P.O. Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department Insurance, P.O. Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.