UTILIZATION REVIEW FILING REPORT

NORTH DAKOTA INSURANCE DEPARTMENT

SFN 18332 (Rev. 8-2008)

N.D.C.C. Chapter 26.1-26.4-03

Full Name of Organization			Federal ID Number	
Other Names Organization Has Been Known By or Is DBA				
Business Address		City	State	ZIP Code
Telephone Number	Business Hours	State in Which Organized	Date Organized	
Contact Person			Telephone Number	

INCLUDE WITH FILING:

1. A description of the appeal procedures for utilization review determinations.
2. Utilization Review Agent Certification (SFN 18378) (Attached).
3. A list of the third-party payers for whom the private review agent is performing utilization review in the state.
4. Ten dollar ($10.00) filing fee pursuant to N.D.C.C. 26.1-01-07(19).

State of _____)
)ss.
County of _____)

The undersigned authorized representative, being first duly sworn, deposes and says that he/she has executed the foregoing filing; that he/she has read the said filing and knows the contents thereof and attached thereto; that to the best of his/her knowledge and belief the statements made in the said filing and in any rider attached thereto are true and correct and are complete in every material respect and do not contain any statement which, under the circumstances under which it is made, would be false or would tend to be misleading in respect to any material fact; and that he/she has read and understands the insurance laws of the State of North Dakota.

Subscribed and sworn to before me this _____ day of _____, 20_____.

_____
Organization

_____
Authorized Representative

(SEAL)

_____
Office

_____
Notary Public

My Commission Expires

_____

ANY MATERIAL CHANGES IN THE INFORMATION FILED IN ACCORDANCE WITH N.D.C.C. 26.1-26.4-03 MUST BE FILED WITH THE COMMISSIONER OF INSURANCE WITHIN THIRTY DAYS OF THE CHANGE.