



Application for Independent Review Organization

Check appropriate box for application requested.

Indiana Department of Insurance

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

For Dept. use only:

Date Fee
Processed _____

Date Registration
Processed _____

INSTRUCTIONS:

1. All Independent Review Organization (IRO) licenses must be renewed annually. Initial applications and renewals can be submitted on line at www.sircon.com/Indiana.
2. IRO Annual Report is due by March 1st each year.
3. **Initial Application:** Submit application, IRO checklist with documentation, and initial fee.
4. **Renewal Application:** Submit application and renewal fee. Checklist with documentation is only required for changes since the last renewal.
5. Any **material** change to the information on the application or renewal form previously submitted should be reported not later than the thirtieth (30th) day after the date on which the change takes effect. This includes name, principal business address, mailing address and external review contact information.
6. Any change resulting in a **new tax EIN#** is considered an initial application.

Corporate Demographics

Name of Independent Review Organization

D/B/A Name

FIN/EIN Number

Address (If P.O. Box address, also list street address)

City

State

Zip Code

Telephone Number

Toll Free Number

Fax Number

Name of Contact Person

Telephone number

E-mail Address

External Appeals Contact

Telephone Number

Fax Number

After Hours Fax

Certification

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

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**

Certified by:

Signature of Applicant

Title

Date

Printed Name