

SOUTH CAROLINA DEPARTMENT OF INSURANCE

Street Address: 1201 Main Street, Columbia, SC 29201

Mailing Address: P. O. Box 100105 - Columbia, SC 29202-3105

(803) 737-6134 - Fax (803) 737-6100

APPLICATION FOR RENEWAL OF UTILIZATION REVIEW FOR THE LICENSING PERIOD JULY 1, 2012 THROUGH JUNE 30, 2014

Company Name:		. (Company Code:	
Mailing Address:				
Mailing Address: State:	Zip Code:			
Contact:		Business	Phone No:	
THE RECOR DS OF THE SOU TH CAROLINA DEP ARTMENT OF INSURANC E REFLECT THAT YOUR ORGANIZATIN IS CURRENTLY LICENSED AS AN UTILIZATION REVIEW PURSUANT TO THE REQUIREMENT OF S.C. CODE ANN . 38-70-30 AND S.C. REGULATIONS 69-47(H)(3)(A). YOUR CONTINUATION LICENSE FEE IS \$800. PLEASE MAKE YOUR CHECK PAYA BLE TO SOUTH CAROLINA DEPARTMENT OF INSURANCE. THIS APPLICATION MUST BE COMPLETED AND RETURNED TO THIS DEPARTMENT ALONG WITH ALL OTHER REQUIRED DOCUMENTATION BY JULY 1, 2012.				
SECTION I – LIST MAJOR OWNER AND PERCENTAGE OF OWNERSHIP IF ORGANIZATION TYPE IS A CORPORATION OR				
PARTNERSHIP (Attach a copy of the partnership agreement if applicant is a partnership) 1.				
2.				
3.				
4.				
SECTION II – PROVIDE STATE OF INCORPORATION IF TYPE OF ORGANIZATION IS A CORPORATION (Attach a copy of Certificate of Authority, Letter of Good Standing and Article of Incorporation from State of Incorporation) State of Incorporation:				
SECTION III – LIST OTHER LOCATIONS (Attach a separate sheet if necessary)				
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STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NO.
SECTION IV – LIST ALL PARTNERSHIPS OR OFFICERS (Attach a separate sheet if necessary)				
NAME	SOCIAL SECURITY NO		BIRTH DATE	
SECTION V PROVIDE APPLICANT'S HOURS OF OPERATION WITHIN THE STATE OF SC				
EASTERN STANDARD TIME: TOLL FREE NUMBER: NUMBER OF INCOMING TELEPHONE LINES: INCOMING CALL QUEUE TIME:				
APPLICANT'S SWORN STATEMENT				
I do solemnly swear that all information contained within this application, is complete, true and correct to the best of my knowledge. Sworn to before me this day of				
Signed:				
Title:				