South Carolina
Department of Insurance

Capitol Center
1201 Main Street, Suite 1000
Columbia, South Carolina 29201

Mailing Address:
P.O. Box 100105, Columbia, S.C. 29202-3105
Telephone: (803) 737-6095

HENRY McMASTER
Governor

RAYMOND G. FARMER
Director

Utilization Review Renewal Additional Questions

Company Name _____

License Number _____

Renewal Year _____

Contact Person Name _____

Contact Phone Number _____

Contact Email _____

1. Is there a physical office in the State of South Carolina?

   _____

2. List major owner(s) and percentage(s) of ownership if organization type is a corporation or partnership.
   a. _____
   b. _____
   c. _____
3. 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).
   a. State of Incorporation _____
4. List other locations.
   Please attach on separate pages.
5. List all partnerships or officers.
   Please attach on separate pages.
6. If any changes have not been sent to the Department, provide a listing of all reviewing personnel, by specific qualification/specialty. Include a total of all physicians, by specialty, which support and/or supervise reviewing personnel.
   Please attach on separate pages.
7. If any changes have not been sent to the Department, provide a copy of all materials designed to inform applicable patients of the requirements of the utilization plan, the rights of the patient under

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each contract, notification of adverse decision, appeal procedures, and confidentiality of patient's medical records (Federal and State).
Please attach on separate pages.

8. For which of the following categories does the applicant provide utilization review services? *Select as many as necessary.*

___ *Medical*
___ *Dental*
___ *Workers' Compensation*
___ *Physical Therapy*
___ *Chiropractic Services*
___ *Other (please specify)* _____
___ *Psychiatric (Behavioral Health)*
___ *Pharmacy*
___ *Vision*
___ *Radiology*

I certify that I will comply with all applicable provisions of Title 38, Chapters 39 of the South Carolina Code of Laws. I certify all information submitted on this form and attachments is true and accurate. I understand that providing false information on this form may result in the revocation of the registration or imposition of administrative penalties for the Applicant under which this form is required.

Signature _____

Date _____

Name _____

Position _____

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

Notary Signature _____

My Commission Expires _____

County of _____

State of _____

(Notary Seal Affixed Here)

Note: No other affidavits will be accepted. You must sign or electronically sign the initial/renewal application and forms provided by the SC DOI.