



LISTING OF CONTRACTUAL RELATIONSHIPS SUBMITTED AS PART OF EXHIBIT 6 ORGANIZATIONAL DOCUMENTS AND RELATIONSHIPS

Provide as part of Exhibit 6, a list of each entity defined below with which the applicant, its parent, any subsidiary, or affiliate has a contract. The list must contain the following information: (This information will be used in the check for conflicts of interest in the Independent Review Organization assignment process.)

1. The federal tax ID of the entity;
2. The type of entity;
3. The name of the entity; and,
4. The address of the entity.

- (A) *"Health benefit plan" means a plan of benefits that defines the coverage provisions for the provision of health care, which is offered or provided by any organization, public or private, other than health insurance.*
- (B) *"Health maintenance organization" means an organization licensed under the Texas Health Maintenance Organization Act (Chapter 20A, Vernon's Texas Insurance Code).*
- (C) *"Insurer" includes but is not limited to any entity that provides health, property, liability and professional liability insurance. (For the purpose of this application, do not include personal automobile insurance in your response.)*
- (D) *"Utilization review agent" includes any certified or otherwise authorized Utilization Review Agent.*
- (E) *"Nonprofit health corporation" includes any licensed, certified or otherwise authorized nonprofit health corporation. The term, "Nonprofit Health Corporation," includes but is not limited to: approved nonprofit health corporations and 501(a) organizations.*
- (F) *"Payor" means:*
- (a) *an insurer writing health insurance policies;*
 - (b) *any preferred provider organization, health maintenance organization, self-insured plan; or*
 - (c) *any other person or entity which provides, offers to provide, or administers hospital, outpatient, medical, or other health benefits to persons treated by a health care provider in this state pursuant to any policy, plan or contract.*
- (G) *"Health care provider" means any person, corporation, facility, or institution licensed by a state to provide or otherwise lawfully providing health care services that is eligible for independent reimbursement for those services. By way of example, the term "Health Care Provider" includes but is not limited to: professional associations and independent practice associations.*
- (H) *A group representing any of the entities described in the paragraphs (A) through (G) above.*

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Use this page to provide the information necessary to complete this part of Exhibit 6.

1. List each entity only once regardless of the number of contracts .
2. Complete this form by typing or printing in blue or black ink
3. Insert the correct page number on this form.
4. You may duplicate this blank form as necessary.

Name of Applicant _____

<p>1. The FEIN of the entity is: _____ (this number may also be referred to as the federal tax identification number of the entity)</p> <p>_____ A B C D E F G H Name of entity [Entity Category from definitions (circle one)]</p> <p>_____ (address) _____ (suite no.) _____ (city) _____ (state) _____ (zip)</p>
<p>2. The FEIN of the entity is: _____ (this number may also be referred to as the federal tax identification number of the entity)</p> <p>_____ A B C D E F G H Name of entity [Entity Category from definitions (circle one)]</p> <p>_____ (address) _____ (suite no.) _____ (city) _____ (state) _____ (zip)</p>
<p>3. The FEIN of the entity is: _____ (this number may also be referred to as the federal tax identification number of the entity)</p> <p>_____ A B C D E F G H Name of entity [Entity Category from definitions (circle one)]</p> <p>_____ (address) _____ (suite no.) _____ (city) _____ (state) _____ (zip)</p>
<p>4. The FEIN of the entity is: _____ (this number may also be referred to as the federal tax identification number of the entity)</p> <p>_____ A B C D E F G H Name of entity [Entity Category from definitions (circle one)]</p> <p>_____ (address) _____ (suite no.) _____ (city) _____ (state) _____ (zip)</p>
<p>5. The FEIN of the entity is: _____ (this number may also be referred to as the federal tax identification number of the entity)</p> <p>_____ A B C D E F G H Name of entity [Entity Category from definitions (circle one)]</p> <p>_____ (address) _____ (suite no.) _____ (city) _____ (state) _____ (zip)</p>
<p>6. The FEIN of the entity is: _____ (this number may also be referred to as the federal tax identification number of the entity)</p> <p>_____ A B C D E F G H Name of entity [Entity Category from definitions (circle one)]</p> <p>_____ (address) _____ (suite no.) _____ (city) _____ (state) _____ (zip)</p>

Name of Applicant _____

____. The FEIN of the entity is: _____ (this number may also be referred to as the federal tax identification number of the entity)

_____ **A B C D E F G H**
Name of entity [Entity Category from definitions (circle one)]

_____ address (suite no.) (city) (state) (zip)

____. The FEIN of the entity is: _____ (this number may also be referred to as the federal tax identification number of the entity)

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