

IRO Case Number: _____
Name of Payor: _____
Name of Patient: _____
Name of URA: _____
Name of Provider: _____
(hospital, ER, or other facility)
Name of Physician: _____
(treating or requesting)

Certification of Independence of the Reviewer

1. I had no previous knowledge of this case prior to it being assigned to me for review.
2. I have no business or personal relationship with any of the physicians or any other parties who have provided care or advice regarding this case.
3. I do not have admitting privileges or an ownership interest (of 5% or more or \$100,000 or above, whichever is less) in the health care facilities where care was provided or is recommended to be provided. I am not a member of the board or advisor to the board of directors or any of the officers at any of the facilities.
4. I do not have a contract with or an ownership interest (of 5% or more or \$100,000 or above, whichever is less) in the utilization review agent, the insurer, health maintenance organization, other managed care entity, payor or any other party to this case. I am not a member of the board or advisor to the board of directors or an officer for any of the above referenced entities.
5. I have performed this review without bias for or against the utilization review agent, the insurer, health maintenance organization, other managed care entity, payor or any other party to this case.

As the reviewer of this independent review case, I do hereby certify that all of the above statements are, to the best of my knowledge and belief, true and correct to the extent they are applicable to this case and my relationships.

I understand that a false certification is subject to penalty under applicable law.

Print or Type Full Legal Name

Signature

Date