



Texas Department of Insurance

HMO Compliance / URA / IRO, Mail Code 103-6A
333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104
512-322-4266 telephone • 512-322-4260 or 512-463-6210 fax • www.tdi.state.tx.us

Independent Review Organization - Renewal Form

RENEWAL FEE \$200.00

1. **Name of Independent Review Organization** _____

IRO Number _____

Contact Person _____

2. **Business Address:**

Street or P.O. Box: _____

City _____ State _____ Zip _____

3. **Mailing Address:**

Street (do not use P.O. Box) _____

City _____ State _____ Zip _____

4. **Business Telephone Number:** (_____) _____

Toll Free Number:
(_____) _____

The following must also be submitted:

- A summary of the current screening criteria
- The attached certification
- Renewal Fee **\$200.00**

I, _____ being duly sworn, do hereby, in my official capacity as _____ for the certificate holder, certify under penalty of (CEO, COO, Chairman of the Board, President, Partner, any other officer of the company, or attorney) applicable law that I have read and understood the foregoing renewal application and that the answers are true and correct and that all information previously submitted with the original application is true and correct and all changes have been previously filed to the application certified by the department. I further certify that the certificate holder will comply with the provisions of Vernon's Texas Insurance Statutes which are applicable to Independent Review Organizations and the rules set forth in Chapter 12 of the Texas Administrative Code.

Print or Type Full Legal Name

Signature

Title

STATE OF _____
COUNTY OF _____

BEFORE ME, _____, a notary public in and for the State of _____, on this _____ day personally appeared _____, known to me (or proved to me on the oath of _____, or through _____ to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that (s)he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____ 20____

Affix Notary Seal Here

Notary Public, State of _____