



UTILIZATION REVIEW AGENT APPLICATION  
ADDENDUM TO BIOGRAPHICAL AFFIDAVIT  
EXHIBIT 18

USE THESE INSTRUCTIONS TO COMPLETE THE ATTACHED ADDENDUM TO THE BIOGRAPHICAL AFFIDAVIT.

1. Limit your response to information concerning any relationship which represents a five percent (5%) holding in any of the listed entities and information concerning any relationship which represents a holding or investment worth \$100,000 or more in any of the listed entities
2. Do not limit your response to entities or individuals that are licensed, certified, or otherwise authorized to operate in the state of Texas.
3. For each entity and individual named include: the Federal Tax Identification Number and any license/certification or registration number for any health care provider, the purpose of the entity (or if an individual, the individual's profession), the address, phone number, duties performed by the affiant, and dates of the affiant's affiliation with the entity or individual. (Do not exclude from this list any entities because they are no longer in existence and include relationships which currently exist and relationships that have existed during the past two years.)
4. List only those relationships which you know exist or have existed in the past two years with any of the following entities or individuals as they are herein defined.
  - (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 paragraphs (A) through (G) above.
5. Use the table on the next page of these instructions to code your relationship to the referenced entity.

INSTRUCTIONS FOR COMPLETING THE "ADDENDUM" continued

Use codes from the following table to describe your relationship with the entity:

| Relationship Category:  | Relationship Status:  | Relationship Direction  |
|---|---|---|
| CONTRACTUAL <input type="checkbox"/> (100)<br>BUSINESS/INVESTMENT <input type="checkbox"/> (200)<br>DIRECTOR, OFFICER, BOARD<br>MEMBER, CONSULTANT OR ADVISOR<br><input type="checkbox"/> (300)<br>STOCK HOLDER > 5% <input type="checkbox"/> (400)<br>EMPLOYEE/EMPLOYER <input type="checkbox"/> (500)<br>OTHER <input type="checkbox"/> (600) | CURRENT <input type="checkbox"/> (10)<br><br>PAST <input type="checkbox"/> (20)<br><i>(WITHIN THE PAST TWO YEARS)</i> | DIRECT (professional, social) <input type="checkbox"/> (1)<br><br>INDIRECT (through persons related<br>by blood or marriage) <input type="checkbox"/> (2)<br>(This includes your spouse, any of<br>your siblings, parents, stepparents,<br>children, stepchildren, and in-laws. |

NOTE: 1. A contractual relationship may be through a direct contract you hold with the entity or through an indirect contract that contracts directly with the entity.

2. A business relationship may also be through an individual or through a group.

For coding guidelines, see the following examples:

1. If your relationship with a health care provider is that your spouse jointly owns a duplex with the "health care provider," you would find the codes for the relationship to be 200 for category, 10 for status and 2 for direction. This yields a relationship code of "212."
2. If your relationship with a "payor" is as a former employee within the past two years, you would find the codes for the relationship to be 500 for category, 20 for status and 1 for direction. This yields a relationship code of "521."

# UTILIZATION REVIEW AGENT APPLICATION ADDENDUM TO BIOGRAPHICAL AFFIDAVIT

Use this page to provide the information necessary to complete Exhibit 12.

1. See the attached instructions before completing this form.
2. Type or print this form in blue or black ink
3. Insert the correct page number on this form.
4. You may duplicate this blank form as necessary.

## Name on Biographical Affidavit

(last name)                      (first name)                      (middle initial)                      (social security number)

|  |
|--|
| <p>1. The FEIN of the entity or individual is: _____ (this number may also be referred to as the federal tax identification number of the entity or individual - If an individual's FEIN is provided, provide the tax number related to their business/profession not their social security number )</p> <p style="text-align: right;">A B C D E F G H</p> <p>_____<br/>Name of entity or individual [If individual - last name, first name, middle initial]                      [ Entity Category (circle one) ]</p> <p>_____<br/>address                      (suite no.)                      (city)                      (state)                      (zip)</p> <p>List the relationship code which appropriately describes your relationship with this entity (Because you may have more than one type of relationship with a single entity, you may enter codes describing up to three relationships before reentering the entity's information.) 1. <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 2. <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 3. <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <b>Note:</b> If you chose "other" to describe the category of relationship, specify what you mean _____</p> |
| <p>2. The FEIN of the entity or individual is: _____ (this number may also be referred to as the federal tax identification number of the entity or individual - If an individual's FEIN is provided, provide the tax number related to their business/profession not their social security number )</p> <p style="text-align: right;">A B C D E F G H</p> <p>_____<br/>Name of entity or individual [If individual - last name, first name, middle initial]                      [ Entity Category (circle one) ]</p> <p>_____<br/>address                      (suite no.)                      (city)                      (state)                      (zip)</p> <p>List the relationship code which appropriately describes your relationship with this entity (Because you may have more than one type of relationship with a single entity, you may enter codes describing up to three relationships before reentering the entity's information.) 1. <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 2. <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 3. <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <b>Note:</b> If you chose "other" to describe the category of relationship, specify what you mean _____</p> |
| <p>3. The FEIN of the entity or individual is: _____ (this number may also be referred to as the federal tax identification number of the entity or individual - If an individual's FEIN is provided, provide the tax number related to their business/profession not their social security number )</p> <p style="text-align: right;">A B C D E F G H</p> <p>_____<br/>Name of entity or individual [If individual - last name, first name, middle initial]                      Entity Category (circle one) ]</p> <p>_____<br/>address                      (suite no.)                      (city)                      (state)                      (zip)</p> <p>List the relationship code which appropriately describes your relationship with this entity (Because you may have more than one type of relationship with a single entity, you may enter codes describing up to three relationships before reentering the entity's information.) 1. <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 2. <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 3. <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <b>Note:</b> If you chose "other" to describe the category of relationship, specify what you mean _____</p>   |
| <p>4. The FEIN of the entity or individual is: _____ (this number may also be referred to as the federal tax identification number of the entity or individual - If an individual's FEIN is provided, provide the tax number related to their business/profession not their social security number )</p> <p style="text-align: right;">A B C D E F G H</p> <p>_____<br/>Name of entity or individual [If individual - last name, first name, middle initial]                      [ Entity Category (circle one) ]</p> <p>_____<br/>address                      (suite no.)                      (city)                      (state)                      (zip)</p> <p>List the relationship code which appropriately describes your relationship with this entity (Because you may have more than one type of relationship with a single entity, you may enter codes describing up to three relationships before reentering the entity's information.) 1. <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 2. <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 3. <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <b>Note:</b> If you chose "other" to describe the category of relationship, specify what you mean _____</p> |

Name on Biographical Affidavit

(last name) (first name) (middle initial) (social security number)

1. Insert the correct sequence number and page number on this form.

2. Duplicate this form as often as necessary.

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# CERTIFICATION PAGE (to be signed by all affiants)

1. Insert the correct page number on this form.
2. Use this as the last page and sign the certification.

## Certification:

I, \_\_\_\_\_, do hereby certify that the information contained in this  
**Print (first name) (middle initial) (last name)**  
**ADDENDUM TO THE BIOGRAPHICAL AFFIDAVIT is true, accurate and complete to the best of my knowledge and belief.**

\_\_\_\_\_  
*(signature)*

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 \_\_\_\_\_ 19\_\_\_\_

Affix Notary Seal Here

\_\_\_\_\_  
Notary Public