



Texas Department of Insurance

HMO Division, 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 faxes • www.tdi.state.tx.us

Name Change for Health Care Utilization Review Agent

1. New Name of Utilization Review

Agent: _____

Previous Name of Utilization Review

Agent: _____

URA Number (Required): _____

Contact Person: _____

Type of Applicant (check one)

Corporation

Partnership

Association

Limited Liability Corporation

Registered Limited Liability Corporation

Other _____

FEI Number _____

2. Check **all** categories that apply:

Utilization Review Agent

Specialty Utilization Review Agent

Third Party Administrator

Employer, Non-ERISA

Licensed HMO that provides Utilization Review Services outside of the HMO

Licensed HMO that provides Utilization Review Services only within that HMO. The fee does not apply. [§19.1719(a)(1)]

Licensed Insurance Company that provides Utilization Review Services outside of that Insurance Company

Licensed Insurance Company that provides Utilization Review Services only within that Insurance Company. The fee does not apply. [§19.1719(b)(2)]

3. Business Address:

Street (do not use P.O. Box)

City _____ State _____ Zip _____

4. Mailing Address:

Street or P.O. Box

City _____ State _____ Zip _____

5. Business Telephone Number: (_____) _____

Toll Free Number: (_____) _____

6. Agent for Service of Process in Texas:

Name _____

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

City _____ State _____ Zip _____

PLEASE ATTACH:

Completed attached Agent for Service of Process form appointing person named above.

A statement signed by an officer of the company certifying that the company name is the only change to the original application and that all of the policies and procedures previously filed will remain the same.

A copy of the corporate charter, including all amendments.