



South Carolina Department of Insurance
1201 Main Street, Suite 1000
Columbia, SC 29201

Specialty Licensing
P.O. Box 100105
Columbia, SC 29202
Telephone: (803) 737-3787
Fax: (803) 737-1605
Email: specialtylicensing@doi.sc.gov

Utilization Review/Private Review Agent Initial Application Additional Questionnaire Form

Please complete the information below in addition to the NIPR Uniform Application and email to the address above.

Section 1. Applicant Demographic Information:

Name of Company	Primary Contact Email:
Name and Title of Primary Contact:	Primary Contact Direct Telephone:

Section 2. Business Organization & Accessibility

South Carolina Code of Laws Title 38 Chapter 70 and South Carolina Regulation 69-47

1. Are you authorized to transact business in South Carolina? Attach a Certificate of Authority from the SC Secretary of State.	Yes	No
2. Applicant's hours of operation for State of South Carolina: (Eastern Standard Time)		
3. Toll- Free Number (s) for Accessibility:		
4. Number of Incoming Telephone Lines:		
5. Show incoming call queue time:		



Section 3. Business Activity

6. Has the applicant been reviewed by URAC, if yes, attach a copy of the most recent report or certification.	Yes	No
7. Provide the total number of covered lives for which the reviewing personnel of your organization may be required to perform utilization review activities:		
8. Provide a listing of all reviewing personnel, by specific qualification/specialty. (Attach separate pages if needed).		
9. Provide a listing of total of all physicians, by specialty which support and/or supervise reviewing personnel. (Attach separate pages if needed).		
10. Provide a copy of all materials designed to inform applicable patients of the requirements of the utilization plan, the rights of the patient under each contract, notification of adverse decision, appeal procedures, and confidentiality of patient's medical records (Applicable to Federal and State Laws). <i>Attach on separate pages.</i>		

Section 4. Attestation

I certify that I will comply with all applicable provisions of Title 38, Chapters 70 of the South Carolina Code of Laws. I certify all information submitted on this form and attachments is true and accurate. I understand that providing false information on this form may result in the revocation of the license or imposition of administrative penalties for the Applicant under which this form is required.

Print Name of Officer or Authorized Representative:	Title:
Signature:	Date:
<i>Subscribed and sworn to me before this _____ day of _____</i>	
Notary Signature _____	
My Commission Expires _____	
County of _____	
State of _____	

(Notary Seal Affixed Here)

