



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

From the Office of PBM Oversight & Specialty Licensing
P.O. Box 100105, Columbia, SC 29202
Telephone: (803) 737-3787
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Utilization Review/ Private Review Agent
Request for Exemption of Licensure

An exemption must be requested by completing this form and submitting it to this Department. No fee is charged for the registration of an exempted Utilization Review Provider. The Department will notify the applicant if the request for an exemption is approved. This exemption must be renewed no later than June 30th biennially after the initial request.

Utilization Review Provider's Name: _____

Name of Contact: _____ Title: _____

Address: _____ Business Phone: _____

_____ Email: _____

FEIN: _____

The above-named Utilization Review Provider hereby requests an exemption from licensure because it has met the following requirement(s): (check all that apply)

_____ The State of South Carolina or any South Carolina business entity which uses its employees to perform utilization reviews on behalf of its employees or any hospital which performs utilization reviews is not required to obtain a certificate, unless the hospital is performing those reviews for a fee for an entity which is not owned or affiliated with the hospital.

_____ Insurance companies, administrators of insurance benefit plans and health maintenance organizations licensed and regulated by the Department which perform utilization reviews are not required to obtain a certificate.

_____ Private review agents performing utilization reviews only for single-employer, self-insured employee health benefit plans are not required to obtain a certificate.

_____ Private review agents performing utilization reviews only for health care services provided pursuant to a federal law, which specifically preempts state regulation, are not required to obtain a certificate.



NOTARIZATION

STATE of _____

COUNTY of _____

BEFORE ME, the undersigned authority, personally appeared _____ who being duly sworn, stated that all information contained in the attached application for exemption of licensure is, to the best of his/her knowledge, true, complete, and correct.

(Witness Signature)

(Authorized Representative Signature)

(Printed Name)

(Printed Name)

Sworn to and subscribed before me this _____ day of _____ in the year _____.

(Notary Public Signature)

(Notary Public Printed Name)

SCDOI Official Use Only:

Date Received: _____

Final Decision: _____

Reviewer Name: _____

Reviewer Signature: _____