



**Arkansas Department of Health
Utilization Review Certification Program
Health Facility Services
Renewal Application for Private Review Agent Certification
(Please Type)**

Name/dba: _____

Ownership: _____

Corporate Address: _____

City/State/Zip: _____

Phone/Fax: _____

Medical Director: _____

Authorized Representative/Title: _____

Contact Person/Title: _____

E-mail: _____

Mailing Address: _____

City/State/Zip: _____

Phone/Extension: _____ Fax: _____

***** Prefer Renewal Letter & Cert Card Emailed; Y ___ N ___ Mailed; Y ___ N ___**

Medical areas in which services are provided (check all that apply):

___ Medical/Surgical ___ Workers Compensation ___ Other (specify)

___ Behavioral Health ___ Bill Review _____

___ Chiropractic ___ Single Specialty of _____

Lines of business/services available: _____

Number of covered lives: Arkansas: _____ Outside Arkansas: _____

National Accreditation(s): _____

For Program use only: *Please DO NOT Change Original form! Data below is required to process.*

Date Certified: _____ Expiration Date: _____

Certification Number: Customer Number: Fee: **\$2,500.00**

Renewal Letter & Cert Card-M _____ E _____ Updated: SS _____ CC _____

Authorized Representative: _____

I hereby certify that I have read the Application and that all statements are true to the best of my knowledge and belief. I certify that I will comply with all specific assurances contained in Section 4 of the Rules & Regulations for Utilization Review in Arkansas. I am aware that any willful misrepresentation of any material fact contained in this Application will subject me to denial or revocation of this Certification (See Section 7 of the Rules & Regulations for Utilization Review in Arkansas) and will subject me to penalties as set forth in Arkansas Act 537 of 1989, (A.C.A. 20-9-901 - 20-9-914).

Authorized Representative Signature

Subscribed and sworn to before me on this the

_____ day of _____ month, _____ year

Printed Name Signature Notary Public

My commission expires on: _____