

Required Documents

1. If not domiciled in Wyoming, the applicant must apply with the Wyoming Secretary of State to conduct business in Wyoming as a foreign entity and provide a copy of the resulting Certificate of Good Standing.
2. A certified statement from an officer of the independent review organization that the independent review organization is not and will not be operated by a health benefit plan or any national, state, or local trade association of health benefit plans or health care providers. (Chapter 63, Wyoming Insurance Department Rules and Regulations, § 12(c).
3. A description of the applicant's quality assurance mechanism as stated in Chapter 63, Wyoming Insurance Department Rules and Regulations, § 12(a)(i).

Applicant Attestation and Certification

Applicant has received accreditation as an independent review organization by _____ accrediting body to conduct independent external review. Applicant certifies that it will notify the Wyoming Department of Insurance if its accreditation is lost with this accrediting body. Applicant acknowledges that the Commissioner of the Wyoming Insurance Department may terminate this license if the applicant loses accreditation or no longer satisfies the minimum requirements for licensure.

Applicant acknowledges that payment of any fees associated with any external reviews conducted pursuant to Wyo. Stat. § 26-40-201 are the sole responsibility of the health carrier whose medical decision is being reviewed. Applicant understands that it has no recourse against the Wyoming Insurance Department to the extent that any health carrier fails to pay any medical reviewer fees. Applicant authorizes the Commissioner to verify information with any federal state, or local governmental agency, insurance company or accrediting organization.

Applicant acknowledges and represents that it understands and will comply with the Wyoming insurance laws and rules and regulations of the Wyoming Insurance Department, Chapter 63, Section 14. Applicant agrees to provide all information required.

I certify, under penalty of perjury, that I am the person named herein and know the contents hereof, and that all of the information submitted in this application and the attachments are true and complete. I attest that I have the authority and capacity to execute this certification on behalf of the applicant. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license denial or revocation and may subject me to civil or criminal penalties.

Name of applicant: _____

Signature of officer or representative of applicant: _____

Printed name: _____

Title: _____ Date: _____

Remit the filing fee of \$100 with this application. Make check payable to the Wyoming State Treasurer.