

Supplemental Certification for Independent Review Organization (IRO) Renewal

Certification

In compliance with 28 Texas Administrative Code (TAC), [Section 12.103](#) and [Section 12.108](#), I certify that:

1. No material changes exist that have not already been filed with the Texas Department of Insurance (TDI).
2. I am an officer of the IRO for which this renewal of a certificate of registration is being submitted.
3. The primary office included on this IRO renewal application form is located and maintained at a physical address in this state.
4. The primary office is equipped with a computer system capable of:
 - processing requests for independent review; and
 - accessing all electronic records related to the review and the independent review process.
5. All records are maintained electronically and will be made available to TDI on request.
6. If the primary office is located in a residence, the working office is in a room set aside for independent review business purposes and in a manner to ensure confidentiality.
7. All medical records are maintained in accordance with 28 TAC, Section 12.108.

I understand that submission of a false certification could subject me to penalty under applicable law.

Print or type legal name of the officer within the organization certifying this document

Signature of officer

Date

Questions

If you have questions or require assistance regarding completion of this form, please call 512-676-6400 and select Option 2 or email URAGrp@tdi.texas.gov.

Your rights

You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, P.O. Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department Insurance, P.O. Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.