

Alabama Department of Public Health, Bureau of Health Provider Standards  
201 Monroe Street, Room 734  
Montgomery, AL 36104  
(Mailing address: P.O. Box 30317, Montgomery, AL 36130-3017)  
334/206-5178 (phone)

**Non-URAC Agents  
Annual Renewal Application for Utilization Review Certification**

\_\_\_\_\_ \$1,000 fee made payable to **Alabama Department of Public Health**  
\_\_\_\_\_ Policy & Procedure Checklist; redline comparisons of revised policies, clean  
\_\_\_\_\_ copies of revised and new policies\_ submit electronically.  
\_\_\_\_\_ A copy of the complaint and appeal process \_ submit electronically.  
\_\_\_\_\_ Policy Attestation Statement  
\_\_\_\_\_ Address, phone & fax number, email address and name of contact person for *each*  
\_\_\_\_\_ UR sites.( Each UR site requires a separate renewal form with an addendum.)  
\_\_\_\_\_ Name, address, phone and fax number of contact person for *each* employer  
\_\_\_\_\_ group, third party administer, insurance carrier, HMO, self-funded plan or other  
\_\_\_\_\_ entity with which you are under contract to perform UR services. (Only used in  
\_\_\_\_\_ case of lapse in certification.)

**Name of Organization Requesting Certification:** \_\_\_\_\_

D.B.A. Name ( if applicable) \_\_\_\_\_

Address of Home/Corporate Office \_\_\_\_\_

Address of UR Site, if not at the Corporate Office \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Telephone Number \_\_\_\_\_

Normal Business Hours \_\_\_\_\_

*I do solemnly swear or affirm that I am familiar with the laws of Alabama relating to utilization review agents; that I have complied with all of the requirements of Code of Alabama, \_27-3A-5; that all of the foregoing information, the addendum, and documentary evidence submitted is true, complete, and correct to the best of my knowledge and belief.*

**Authorized Signature** \_\_\_\_\_

(Must be senior official of the organization)

Name of Signatory (printed) \_\_\_\_\_

Title of Signatory \_\_\_\_\_

Social Security Number of Signatory \_\_\_\_\_

Sworn to and Subscribed Before Me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

Signature and Seal of Notary: \_\_\_\_\_

**Name & Title of Individual to Contact Regarding this Renewal** \_\_\_\_\_

You may continue to send redline comparison documents with the clean originals for review and approval. These may be submitted electronically [at:compliance@adph.state.al.us](mailto:at:compliance@adph.state.al.us)

Enclosures:(1) Certification Fee; (2) Copy of Current Policies and Procedures; (3) Copy of the Complaint and Appeal Process; (4) Attachment A-Additional Sites; (5) Addendum.

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E Mail Address of Contact Person: \_\_\_\_\_

**Enclosures:**(1) Certification Fee; (2) Addendum; (3) Policy & Procedure Checklist; (4) Policy Attestation Statement; (5) Attachment A-additional sites. *Revised* policies with redline comparisons and clean copies, as well as *new* policies must be submitted electronically to:

[compliance@adph.state.al.us](mailto:compliance@adph.state.al.us). Electronically approved policies will be returned once determined to be in compliance with Alabama requirements.

**AFTER SUBMISSION, ANY CHANGES REQUIRE NOTIFICATION TO THIS OFFICE  
WITHIN 30 DAYS.**

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Enclosures:(1) Certification Fee; (2) Copy of Current Policies and Procedures; (3) Copy of the Complaint and Appeal Process; (4) Attachment A-Additional Sites; (5) Addendum.