

**Alabama Department of Public Health
Bureau of Health Provider Standards
Division of Managed Care Compliance
201 Monroe Street, Room 734
Montgomery, AL 36104
(Mailing address: P.O. Box 303017, Montgomery, AL 36130-3017)
(334) 206-5178**

**Renewal Form for Utilization Review Certification
For URAC Accredited Agents**

After Submission, Any Changes to the Information Requires Notification to this Office within 30 Days.

Name of Organization: _____
D/B/A Name (if applicable): _____
URAC Certificate Number: _____
Address of Home/Corporate Office _____
Site Mailing Address, if different from above _____
City _____ State _____ Zip _____
Main Telephone Number _____
Normal Business Hours _____

Note: A separate Renewal Form is required for each additional physical site other than the location listed above.

I certify that the organization above is currently accredited by URAC and the certification of accreditation is in good standing.

Authorized Signature: _____
(Should be the senior official of the organization)
Name (Printed): _____
Title: _____
Social Security Number of Signatory: _____

Name & Title of Person to Contact Regarding this Renewal: _____
Telephone Number _____ Fax Number _____
E Mail Address _____

Sworn to and Subscribed Before Me this _____ day of _____, 20 _____

Notary Public

Attachment: Copy of Current URAC Accreditation Certificate
Letter from URAC if In Process of Renewal
Attachment A - additional UR sites
Addendum