



TEXAS DEPARTMENT OF INSURANCE

Financial Regulation Division - Managed Care Quality Assurance (103-6A)

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Certification of Independence and Qualifications of the Reviewer

IRO Case Number: _____ Name of Patient: _____

1. As of the date of this review, I have an unrestricted license, certification, or registration in the following state(s) [list state(s), license number(s) and expiration date(s)].

There are no sanctions or revocations of my license, certification, or registration by any state licensing agency in the United States or the U.S. Department of Health and Human Services.

2. I am currently in active practice in [list state(s)].

3. I had no previous knowledge or participation of this case prior to it being assigned to me for review.

4. I have no disqualifying associations, business or personal relationship, with any of the involved parties in this case (physicians or any other parties who have provided care or advice regarding this case, URA, payor).

5. I do not have admitting privileges or an ownership interest in the health care facilities where care was provided or is recommended to be provided. I am not a member of the board or advisor to the board of directors or any of the officers at any of the facilities.

6. I do not have a contract with or an ownership interest in the utilization review agent, the insurer, health maintenance organization, other managed care entity, payor, or any other party to this case. I am not a member of the board or advisor to the board of directors or an officer for any of the above referenced entities.

7. I have performed this review without bias for or against the utilization review agent, the insurer, health maintenance organization, other managed care entity, payor, or any other party to this case.

As the reviewer of this independent review case, I do hereby certify that all of the above statements are, to the best of my knowledge and belief, true and correct to the extent they are applicable to this case and my relationships.

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

Print or Type Legal Name of Reviewer

Signature of Reviewer Date

**If you have questions or require assistance regarding completion of this form,
please call 512-676-6400, select Option 7.**

Disclaimer Notice:

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.