APPLICATION FOR UNCONDITIONAL CERTIFICATION OF AUTO INSURANCE UTILIZATION REVIEW PROGRAM

(INITIAL, RENEWAL, OR REINSTATEMENT)

Michigan Department of Insurance and Financial Services
Office of Research, Rules, and Appeals
Utilization Review Section
DIFS-URCertification@michigan.gov
Fax: 517-763-0305

(Send completed form to the email or fax number listed above.)

I. Insurer Information

Today's Date:	NAIC #:
Insurer Name:	
Point of Contact Name:	
Email Address:	
Mailing Address:	
City, State, Zip Code:	

II. Application for Unconditional Certification (Initial, Renewal, or Reinstatement)

Pursuant to R 500.66, all insurers providing personal protection insurance under chapter 31 of the Insurance Code, MCL 500.3101 to 500.3179, and rules promulgated thereunder, must have in place a utilization review program to review records and bills for treatment, training, products, services, and accommodations provided to an injured person that are above the usual range of utilization based on medically accepted standards. An insurer that contracts with a medical review organization remains responsible for complying with the Utilization Review Rules. See R 500.62(d).

For unconditional certification (initial or renewal), an insurer must provide documentation related to its utilization review program. An insurer must submit a copy of its written policies, processes and procedures, and any forms created for the purposes of its utilization review program.

For unconditional certification reinstatement *only*, the following are required:

- Copies of any written policies, procedures, and forms created for the purposes of its utilization review program.
- Insurer's completed Corrective Action Plan with supporting documentation.

III. AUTHORIZED SIGNATURE

By signing this Application for Unconditional Certification of Auto Insurance Utilization Review Program (FIS 2362), I understand and acknowledge that I will respond promptly to the Department's inquiries regarding the insurer's utilization review program. I certify that the information included on this form is correct and complete to the best of my knowledge. I also understand and acknowledge that submitting false or misleading information is cause for rejection of this application and may subject me to penalties as provided by law.

Authorized Signature:	Date:
Printed Name and Title:	Email Address: