



**State Corporation Commission
Bureau of Insurance – External Review
P.O. Box 1157
Richmond, VA 23218
Phone: 1-877-310-6560 Fax: (804) 371-9915
Email: externalreview@scc.virginia.gov**

Health Carrier External Review Annual Report Form

External Review Annual Summary for 20_____.

Due on April 1 for previous calendar year.

Each health carrier shall submit an annual report with information in the aggregate for all external reviews conducted pursuant to Virginia law.

1. Health carrier name: _____

2. Health carrier address: _____

City, State, ZIP: _____

3. Health carrier Web site: _____

4. Name and title, email address, phone and fax number of the person completing this form:

5. Total number of external review requests received: _____

6. Total number of requests determined eligible for a full external review: _____

7. Total number of external review requests completed to final decision: _____

Signature

Date

Please return this form to:
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Richmond, VA 23218