



**INDIANA DEPARTMENT OF INSURANCE**

**20\_\_ ANNUAL REPORT**

**OF  
THE**

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**(Name of the Independent Review Organization)**

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**(IRO License #)**

**LOCATED IN**

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**(CITY AND STATE)**

*As required by IC 27-8-29-19(c)(3) & IC 27-13-10.1-8(c)(3)  
of the Indiana Insurance Code*

*To be filed with the IRO Coordinator  
no later than March 1<sup>st</sup> following  
the end of the IRO Renewal Date*

Company	Date Received	Case Number	Diagnosis	Procedure Under Review	Code (see below)	Company Position: Upheld (U) Overturned (O) Pending (P)	Time frame for determination

Total Cases \_\_\_\_\_

Total Overturn \_\_\_\_\_

Total Upheld \_\_\_\_\_

Total Pending \_\_\_\_\_

**Code-1** Canceled Case

**Code- 2** Expedited Case

**Code- 3** Standard Case

**Code- 4** Partial Case

Please submit the IRO Annual Report to the following address:  
**Attn: IRO Coordinator**  
**Indiana Department of Insurance**  
**311 W. Washington St., Suite 300**  
**Indianapolis, IN 46204-2787**