



**State of New Jersey
Department of Banking and Insurance**

**Third-Party Billing Service (TPB)
Application For Certification Instructions**

The information required by this Application is based upon the Third-Party Administrator Act pursuant to N.J.S.A. 17B:27B-1 et seq. and N.J.A.C. 11:23-1 et seq. Additional information may also be required by the Commissioner of Banking and Insurance as deemed necessary in the course of reviewing the information submitted.

All TPB applications must be submitted electronically via the National Insurance Producer Registry (“NIPR”) website; please be advised that the NIPR (not New Jersey) charges a processing fee of \$5.60 for each TPB application.

If you are unable to complete the online application. Please contact the person listed on the Department’s TPB page. If you have any questions regarding the TPB application, please also contact the person listed on the Department’s TPB page located at https://www.state.nj.us/dobi/division_insurance/managedcare/tpapage.htm.

Please note that the applicant is the Company applying for licensure, not the individual that works for the Company submitting the application. When choosing Individual or Business Entity, chose Business Entity. Note that Individual applications are very rare.

When the application has you choose a product type, choose Other Licensing.

For “Residency Type,” click the button corresponding to the State of Residency of the TPA for whom you are applying (if NJ, click “Resident;” if another state, click “Non-Resident;” if no State of Residency, click “Non-Resident (No Home State).”

Under the “Owners, Partners, Officers and Directors” section, add all officers of the TPA under Individual Owners, including any percentage of ownership of the TPA each officer may hold.

If the TPA has a parent company, enter the parent company information under “Company Owners.”

*** In addition to the NIPR application process above, provide each of the below Checklist items.**

****Note that each required Checklist item should be provided as a separate document, titled “Application Checklist Item [#],” and uploaded to the NIPR’s Attachment Warehouse. Missing documents will delay the application process.** Please note that other states will have access to the documents provided and may be able to help with any licensing requirements in the other states. The general public will not have access to the documents. If there are any documents that you do not want other state Departments of Insurance to see, please send them separately to the person listed on the Department’s TPA page above.

Checklist of Documents Required with the Application for TPB Certification

1. A copy of the applicant's basic organizational documents, which shall include articles of incorporation or formation, articles of association, partnership agreement.
2. A copy of the executed bylaws, rules and regulations, or other documents relating to the operation of the applicant's internal affairs.
3. A fully completed and notarized NAIC Biographical Affidavit ("affidavit") for each officer, director or person owning 10% or more of the Company. The affidavit must be completed via UCAA Form 11 found at http://www.naic.org/industry_ucaa.htm.
4. If the applicant accepts monies from benefits payers on behalf of clients, the applicant shall include a copy of the applicant's most recent financial statements audited by an independent certified public accountant. **If the Company does not accept money from benefits payers on behalf of clients, then a statement stating that shall be submitted in lieu of the audited financial statement.**
5. If the applicant accepts monies from benefits payers on behalf of clients, evidence of establishment of a separate account for each benefits payer client or jointly in the names of the client and third party billing service, that will not be commingled with any other funds of the third party billing service or other clients of the third party billing service. **If the Company does not accept money from benefits payers on behalf of clients, then a statement stating that shall be submitted in lieu of the separate account.**
6. If the applicant is not domiciled in New Jersey and accepts monies from benefits payers on behalf of clients, the application shall be accompanied by a power of attorney, duly executed by the applicant appointing the Commissioner and his or her successor in office as the true and lawful attorney of the applicant in and for this State upon whom all lawful process in any legal action or proceeding against the organization on a cause of action arising in this State may be served (forms enclosed; see Pgs. 4 and 5 of this document). **If the Company does not accept money from benefits payers on behalf of clients, then a statement stating that shall be submitted in lieu of the power of attorney form.**
7. A copy of the applicant's business plan, including information on staffing levels and the activities undertaken or to be undertaken in this State. The plan shall include a statement of the third party billing service's capability for providing a sufficient number of experienced and qualified personnel in the areas of claims processing and record keeping.
8. A list of the applicant's New Jersey clients (if any) **and** a copy of the standard contract(s) used by the applicant in the course of business. This contract shall be compliant with N.J.A.C. 11:23-5.6.

N.J.A.C. 11:23-5.6(b)3 requires that the contract include the provisions setting forth the respective liability of the client **and** the third party billing service for the accuracy and eligibility of submitted claims, and for the prompt submission of claims pursuant to the provisions of N.J.S.A. 17B:30-23 and N.J.A.C. 11:22-3. **This needs to state who is responsible for the information provided and the contract must specify how long it takes the TPB to submit a bill for a clean claim.**

N.J.A.C. 11:23-5.6(b)4 requires that the contract include the responsibilities of the third party billing service to the provider with respect to maintenance of back-up systems against loss of records **and** responsibilities of the third party billing service to the client with respect to maintenance of insurance coverage by the third party billing service against risk of loss. **The third party billing service does not need to provide back-up systems against loss of record or insurance coverage against risk of loss due to loss of records, but the contract must make it clear whether or not the third party billing service is providing these to its client.**

The contract shall be marked to show these provisions.

9. A description of the applicant's proposed method of marketing its services.
10. A statement setting forth the means by which the applicant is to be compensated.
11. A description of the quality assurance procedures established by the applicant.
12. A description of the procedures for prompt submission of claims.

*** If you're unable to submit the application online, additional items will be required. ***

Appointment of Attorney for the State of New Jersey

KNOW ALL MEN/WOMEN BY THESE PRESENTS: That the _____ (the "COMPANY") of the _____ of _____ in the _____ of _____, desiring to do business in the State of New Jersey in conformity with the laws thereof, hereby, constitutes and appoints the Commissioner of Banking and Insurance of New Jersey, and his or her successor in office, to be its true and lawful Attorney, upon whom all original process in any action or legal proceeding against said COMPANY may be served. And the said COMPANY hereby stipulates and agrees that any original process against it, which is served upon said Attorney, shall be of the same legal force and validity as if served upon said COMPANY, and that the authority of said Attorney shall continue in force irrevocable so long as any liability of said COMPANY remains outstanding in New Jersey.

IN WITNESS WHEREOF, the said COMPANY has caused these presents to be subscribed by its President, and attested by its Secretary, and its corporate seal to be hereunto affixed, this _____ day of _____ 20_____.

(Corporate Seal--if applicable)

President (or authorized representative)

(Print or Type Name)

Attest:

Secretary (or authorized representative)

(Print or Type Name)

Appointment of Attorney for the State of New Jersey EXAMPLE

KNOW ALL MEN/WOMEN BY THESE PRESENTS: That the ABC COMPANY
(the "COMPANY") of the STATE of NEW JERSEY in the
CITY of TRENTON, desiring to do business in the State
of New Jersey in conformity with the laws thereof, hereby, constitutes and appoints the Commis-
sioner of Banking and Insurance of New Jersey, and his or her successor in office, to be its true and
lawful Attorney, upon whom all original process in any action or legal proceeding against said
COMPANY may be served. And the said COMPANY hereby stipulates and agrees that any origi-
nal process against it, which is served upon said Attorney, shall be of the same legal force and va-
lidity as if served upon said COMPANY, and that the authority of said Attorney shall continue in
force irrevocable so long as any liability of said COMPANY remains outstanding in New Jersey.

IN WITNESS WHEREOF, the said COMPANY has caused these presents to be subscribed by
its President, and attested by its Secretary, and its corporate seal to be hereunto affixed, this
_____ day of _____ 20_____.

(Corporate Seal--if applicable)

President (or authorized representative)

(Print or Type Name)

Attest:

Secretary (or authorized representative)

(Print or Type Name)