



**State of New Jersey
Department of Banking and Insurance
Personal Injury Protection Vendor (PIP)
APPLICATION FOR REGISTRATION FORM**

Instructions

The information required by this Application is based upon **N.J.A.C. 11:3-4.7A 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.

Submit **two (2) copies** of the application in three-ring hard cover binders that identify the submission on the front and spine of the binder to the:

New Jersey Department of Banking and Insurance
Attention: PIP Vendor Registration
20 West State Street
P.O. Box 325
Trenton, New Jersey 08625-0325

Or, E-mail your Application in a Portable Document Format (PDF) to:

piprule@dobi.nj.gov

Complete the application cover sheet and provide responses to all items with supporting documentation. Respond N/A for items that do not apply to the applicant's operation. Number each response and document according to the item number to which it is intended to respond. Number each page within the section in the upper right hand section and corner in consecutive order.

**Checklist of Documents And / Or Information Required with the
Application for a PIP Vendor Registration**

1. The completed Application Cover Sheet (form enclosed).
2. The applicant's business plan as required by N.J.A.C. 11:3-4.7A(d) containing:
 - a) A statement generally describing the applicant, its facilities, personnel, and the services offered or to be offered by the PIP vendor;
 - b) The name(s) of the applicant's medical director(s) licensed to practice as physicians in New Jersey and their license number(s);
 - c) A detailed explanation about how the medical director(s) provide(s) oversight of determinations of medical necessity;
 - d) The name and contact information of a person at the vendor who is designated to receive and handle complaints and inquiries from the Department;
 - e) Information on activities other than acting as a PIP vendor undertaken or to be undertaken in New Jersey by the applicant;
 - f) A demonstration of the applicant's capability to provide a sufficient number of experienced and qualified personnel in the areas of PIP utilization management;
 - g) Information on the vendor's staffing levels, including but not limited to, training, hiring requirement, experience of staff in general and with PIP utilization management in particular.
 - h) Whether the applicant is licensed or certified as an entity that has networks as that term is defined in N.J.A.C. 11:3-4.8(a);
 - i) Whether the applicant is accredited by nationally recognized accrediting agencies such as URAC in Health Utilization Management or its equivalent;
 - j) A copy of the applicant's basic organizational documents, which shall include articles of incorporation, articles of association, partnership agreement, management agreement, trust agreement or other documents governing the operation of the applicant that are applicable to the applicant's form of business organization.
 - k) A list of all administrative, civil or criminal actions and proceedings to which the applicant, or any of its affiliates, have been subject and the resolution of those actions and proceedings. If a license, certificate or other authority to operate has been refused, suspended or revoked by any jurisdiction, the applicant shall provide a copy of any orders, proceedings and determinations relating thereto;
3. Information on how the applicant will handle PIP utilization management as required by N.J.A.C. 11:3-4.7A(e):
 - a) The applicant's clinical review criteria and protocols. The information shall include a descriptive flow chart of its processes used in decision making, which shall be based on written clinical criteria and protocols developed with involvement from practicing physicians and other licensed health

care providers, and be based on generally accepted medical standards and standard professional treatment protocols;

- b) A copy of the vendor's policies and procedures that demonstrate that the applicant is handling utilization management in accordance with N.J.A.C. 11:3-4, 5 and 29; and
- c) The mechanisms used by the applicant to detect underutilization and overutilization of services.

4. An applicant that arranges for the physical examinations of injured parties pursuant to N.J.A.C. 11:3-4.7(e) shall submit the criteria it uses to select providers to be on the applicant's panel of providers, how it evaluates the quality of an examining provider and how it avoids conflicts of interest when examinations are ordered and scheduled.

**State of New Jersey
 Department of Banking and Insurance
 PIP VENDOR
 APPLICATION COVER SHEET**

1. Name of Applicant _____
2. Physical Address of Applicant

3. Mailing Address

4. Organizational Information
 _____ Individual _____ Corporation _____ Trust
 _____ Sole Proprietor _____ Partnership _____ Other
5. Website Information

7. Federal Employer Identification number or _____ - _____
 Social Security Number _____ - _____ - _____

Certification

I _____
(Name and Title) certify that I am authorized to file this certification on behalf of the applicant, the information set forth in the enclosed application and herein is true to the best of my knowledge, belief and information and that the Commissioner of Banking and Insurance may rely on the information set forth in the application and herein in determining whether to grant certification pursuant to N.J.A.C. 11:3-4.7A et seq.

I further certify that _____
(Name of Applicant) is familiar and will comply with the requirements set forth at N.J.A.C. 11:3-4.7A et seq. and all other applicable law.

 Signature of Officer or Director

 Full Legal Name (Type or Print)

 Title

 Date

State of _____

County of _____

Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this _____ of _____ 20____.

(Notary Public)

Seal

My Commission Expires _____

Dated and signed this _____ day of _____, 20____ at _____ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

Date

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ By _____, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires