

**KENTUCKY DEPARTMENT OF INSURANCE
DIVISION OF HEALTH, LIFE INSURANCE AND MANAGED CARE**

MEDICAL DIRECTOR REPORT FORM

In accordance with 806 KAR 17:230 and 806 KAR 17:280, section 4, an insurer/private review agent shall submit the information specified on this form, as well as a biographical resume of the Medical Director and Alternative Medical Director to the KY Department of Insurance, via email to DOI.UtilizationReview@ky.gov. This format shall be used to report information initially and to report any subsequent change in the information within thirty (30) days of the change.

MEDICAL DIRECTOR

Name _____

State(s) of Medical Licensure _____

KY Medical Licensure Number _____

Residence Address _____

Business Address _____

Business Telephone Number _____

Alternative Medical Director

Name _____

State(s) of Medical Licensure _____

KY Medical Licensure Number _____

Residence Address _____

Business Address _____

Business Telephone Number _____