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.
1. Name of Applicant
   ________________________________________________

2. Physical Address of Applicant
   ________________________________________________
   ________________________________________________
   ________________________________________________

3. Mailing Address
   ________________________________________________
   ________________________________________________

4. Organizational Information
   _______ Individual _______ Sole Proprietor
   _______ Corporation _______ Partnership
   _______ Trust _______ Other

5. Website Information
   ________________________________________________

6. Federal Employer Identification number or Social Security Number
   _____ - ______________________

Certification

I ________________________ 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 _______________________________ 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

PIPVENDORFORM 06-16
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