

Annual Report Attestation

Year Ending: DECEMBER 31, 2017

Independent Review Organization Name:

I,	, certify that, the provided Independent			
Review data and reporting date knowledge. I further attest that policyholders, whose health pl assigned through the Office of	es for "Company Name Her any Independent Review as an or policy qualified for an	ssignments receiv Independent Rev	ed for WA state	2
	SIGNATURE	DATE		
	OFFICER TITLE			
	ADDRESS			
	CITY	STATE	ZIP CODE	
	EMAIL			

By email: <u>IndependentReviews@oic.wa.gov</u>

Questions: Chris Pattison:

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